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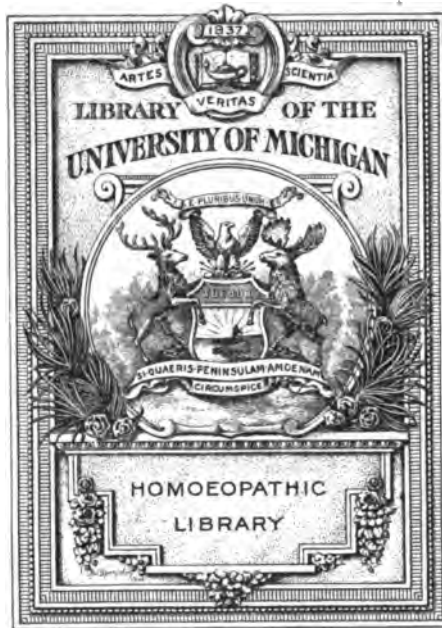
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JAS. W. OVERPECK, M. D.
PRESIDENT

PROCEEDINGS
OF THE
Forty-fourth Annual Session
OF THE
HOMEOPATHIC
MEDICAL SOCIETY
OF THE STATE
OF OHIO

Held at Dayton, Ohio, in the Hotel Algonquin
May 12 and 13, 1908

Edited by
Dr. H. P. Staples
Secretary

CLEVELAND
The Publication Committee
1908

To the Members of the Homeöpathic Medical
Society of the State of Ohio:

We respectfully submit the proceedings of
the Forty-fourth Annual Session of our So-
ciety, held at Dayton, Ohio, in the Hotel Algon-
quin, May 12 and 13, 1908.

JAMES W. OVERPECK, M. D., President.

T. T. CHURCH, M. D., Treasurer.

H. F. STAPLES, M. D., Secretary.

Committee on Publication.

September 1, 1908.

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OFFICERS

1907-1908

President—J. W. Overpeck, M. D., Hamilton.
First Vice-President—Lester E. Siemon, M. D., Cleveland.
Second Vice-President—Charles Hoyt, M. D., Chillicothe.
Secretary—H. F. Staples, M. D., Cleveland.
Assistant Secretary—Frank Webster, M. D., Dayton.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

CENSORS

J. E. Welliver, M. D., Dayton, Chairman.
A. W. Reddish, M. D., Sidney.
W. H. Phillips, M. D., Cleveland.
W. A. Humphrey, M. D., Toledo.
H. H. Wiggers, M. D., Cincinnati.
C. K. Conard, M. D., Mt. Vernon.
Katherine Kurt, M. D., Akron.

1908-1909

President—Lester E. Siemon, M. D., Cleveland.
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Second Vice-President—H. F. Staples, M. D., Cleveland.
Secretary—R. O. Keiser, M. D., Columbus.
Assistant Secretary—J. C. Price, M. D., Toledo.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

CENSORS.

B. W. Dawley, M. D., Toledo, Chairman.
W. B. Carpenter, M. D., Columbus.
A. W. Reddish, M. D., Sidney.
W. H. Phillips, M. D., Cleveland.
Alice Butler, M. D., Cleveland.
R. G. Reed, M. D., Cincinnati.
George Denman, M. D., Toledo.

BUREAU APPOINTMENTS

ANATOMY, PHYSIOLOGY AND PATHOLOGY.

J. H. Wilms, M. D.....Cincinnati

MATERIA MEDICA.

A. S. Rosenberger, M. D.....Covington

SURGERY.

B. B. Kimmel, M. D.....Cleveland

SANITARY SCIENCE.

J. M. Wine, M. D.....Dayton

GYNECOLOGY.

L. K. Maxwell, M. D.....Toledo

PEDIATRICS.

W. E. Pryor, M. D.....Camden

LARYNGOLOGY AND RHINOLOGY.

G. A. Denman, M. D.....Toledo

OPHTHALMOLOGY AND OTOTOLOGY.

W. H. Phillips, M. D.....Cleveland

CLINICAL MEDICINE.

G. D. Arndt, M. D.....Mt. Vernon

OBSTETRICS.

W. A. Geohegan, M. D.....Cincinnati

NEUROLOGY.

W. E. GaultPortsmouth

DERMATOLOGY.

J. W. OverpeckHamilton

**COMMITTEE ON ORGANIZATION AND
INCREASE OF MEMBERSHIP**

- Thomas M. Stewart, M. D., Chairman.....Cincinnati
Representing the Cincinnati Homeopathic Lyceum.
- C. E. Silbernagel, M. D.Columbus
Central Ohio Homeopathic Physicians' Round Table.
- G. B. Haggart, M. D.....Alliance
Homeopathic Medical Society of Eastern Ohio.
- A. E. Biddinger, M. D.,.....Cleveland
Cleveland Homeopathic Medical Society.
- W. C. Cross, M. D.....Ashtabula
The Ashtabula County Society of Homeopaths.
- J. W. Barnhill, M. D.....Napoleon
Northwestern Ohio Homeopathic Medical Society.
- L. K. Maxwell, M. D.....Toledo
Toledo Homeopathic Club.
- Harry T. Miller, M. D.....Springfield
Miami Valley Homeopathic Medical Society.
- Frank Webster, M. D.....Dayton
Dayton Homeopathic Medical Society.
- Harry E. Hunt, M. D.....Newark
Southeastern Ohio Homeopathic Medical Society.
- Katherine Kurt, M. D.....Akron
Summit County Clinical Society.
- C. E. Hetherington, M. D.....Piqua
Union Clinical Society of Shelby and Miami Counties.
- F. B. Groesbeck, M. D.....Steubenville
Ohio Valley Homeopathic Medical Society.

COMMITTEES

EXECUTIVE COMMITTEE.

W. H. Phillips, M. D., Chairman Cleveland
L. K. Maxwell, M. D. Toledo
W. A. Geohegan, M. D. Cincinnati
G. D. Arndt, M. D. Mt. Vernon
I. N. Palmer, M. D. Newark

CREDENTIAL COMMITTEE.

B. W. Dawley, M. D. Toledo
F. W. Murphy, M. D. Dayton
J. V. Hartman, M. D. Findlay

COMMITTEE ON LEGISLATION.

M. P. Hunt, M. D., Chairman—One Year Columbus
G. B. Haggart, M. D.—One Year Alliance
C. E. Walton, M. D.—Two Years Cincinnati
W. B. Carpenter, M. D.—Two Years Columbus
H. E. Beebe, M. D.—Three Years Sidney
Lincoln Phillips, M. D.—Three Years Cincinnati

DELEGATES TO OTHER SOCIETIES

MICHIGAN.

F. C. Crawford, M. D. Toledo
H. F. Staples, M. D. Cleveland

INDIANA.

H. E. Beebe, M. D. Sidney
C. O. Munns, M. D. Oxford

KENTUCKY.

T. M. Stewart, M. D. Cincinnati
Charles Hoyt, M. D. Chillicothe

PENNSYLVANIA.

J. R. Horner, M. D. Cleveland
G. D. Haggart, M. D. Alliance

NEW YORK.

Carl H. Rust, M. D. Cleveland
W. M. Blaine, M. D. Youngstown

AMERICAN INSTITUTE.

C. E. Walton, M. D. Cincinnati
J. E. Welliver, M. D. Dayton

PROCEEDINGS
OF THE
Forty-Fourth Annual Session

At ten o'clock A. M., Tuesday, May 12th, 1908, the Forty-Fourth annual meeting of the Homeopathic Medical Society of the state of Ohio was called to order at the Algonquin Hotel, Dayton, by the President, James W. Overpeck, M. D., who said: I now declare the Forty-Fourth session of the Homeopathic Medical Society open and ready for the transaction of business. We shall be led in prayer by the Rev. Dr. Howard P. Whidden of Dayton.

Rev. Howard P. Whidden, of Dayton: We invoke thy blessing, Oh, God, our Father, upon the sessions of this body assembled here. We thank Thee for all that comes to us in life, for all that comes by way of privilege to share in the higher struggle for life; we thank Thee for the divisions of labor and of opportunity in which we find ourselves included. We pray for increased intellectual, physical and spiritual power and grasp, in order that we may reach the highest point of efficiency in all the work allotted to us. We ask Thy special blessing to rest upon the men and women represented by this Society throughout the length and breadth of this great State and pray that Heaven may smile upon them in the splendid service to which they are devoting their lives. In the Divine Name, we ask it. Amen.

President Overpeck: The next in order will be the address of welcome by Dr. W. W. Ensey, of Dayton.

ADDRESS OF WELCOME.

Dr. Ensey: Mr. President, Members of the Ohio State Homeopathic Medical Society, Ladies and Gentlemen: The shadow has completed another annual circuit on the sundial of time, bringing the glad season of the resurrection of nature which has lain dormant during the bleak winter. Coincident with this revival of nature has come the time for the annual

gathering of the members of the State Homeopathic Medical Society, to renew old acquaintances and to make new; to consider matters of business of vital import to the profession of the State and to read and discuss papers dealing with the scientific aspect of our life work and to exchange those ideas which are so necessary to keep the stream of thought from becoming sluggish and foul with accretions of its own fostering.

The city of Dayton, the Gem City of Ohio and of these United States, is highly honored to welcome you in its midst, and to accord to you the hospitality for which she is so justly famous. It is my great pleasure today, on behalf of the Dayton Homeopathic Medical Society to extend to you the right hand of fellowship, coupled with the wish that this may be the largest and most notable and profitable meeting which the Ohio State Society has ever held. The Dayton Society has made its plans in accordance with such anticipation and has labored through its Committees to bring it about.

In selecting Dayton for this Forty-fourth Annual Session of the Ohio State Society, we naturally feel that you have made no mistake. Dayton is rapidly acquiring an enviable reputation as a convention city, as attested by the many State meetings held here at different times and this reputation it is our aim to uphold, yes, to augment, on this occasion. We have here a community, conservative, it is true, but ever ready to lay hold upon that which is good and to spurn that which is evil. This city in point of manufactories and wages paid ranks third in the great manufacturing State of Ohio. Its growth has never been of the mushroom variety, but has been and is now steadily progressive, the kind that is permanent.

While the time of these sessions is limited and much ground has to be covered in this limited time, we trust you will find opportunity to visit some of our great industries and to view our beautiful residence streets and suburbs, and to take trips to the Soldiers' Home and the various amusement parks, and we know you will carry away with you pleasant memories which will shed their delicate aroma over your pathways for many days to come.

We are pleased to note the increased interest shown by this Society in enlarging the scope of its work and influence and in its endeavor to shepherd within its membership every Homeopathic physician in the State. We trust that soon the ratio of physicians *outside* the Society to those *inside* will be reversed. We are glad to recognize that last year at Cincinnati was begun the attempt to bring about this state of affairs, by a sub-

stantial increase in membership, and we hope here at Dayton to throw all previous records 'way in the shade.

In my opinion the time is speedily coming when the truth of the homeopathic law will be generally recognized and received by all branches of the medical profession. All the scientific discoveries of recent years have but attested to its truth, and entrenched it more securely in its position, and that, most strange to say, by its opponents. No longer is Hahnemann's theory of the vital or dynamic force derided and the infinitesimal dose ridiculed, for Dr. Wright, of London, England, has discovered the opsonins and formulated the opsonic index, while experiments with tuberculinum by their school have shown that 1/5000 of a milligram is about as large a dose as can be given with safety and that not too often repeated—not more than once or twice a week.

Let us then not become discouraged and indifferent, but, rallying to the support of the law "*Similia Similibus curentur.*"

"Let us then be up and doing,
With a heart for any fate,
Still achieving, still pursuing,
Learn to labor and to wait."

The address of welcome was responded to by Lincoln Phillips, M. D., of Cincinnati.

Dr. Phillips: Mr. President, in one way I was sorry to be able to catch the train this morning, and in another way I wasn't. I was sorry, because I thought in all probability my young friend, Dr. Beckwith, of Cleveland, would be here with an impromptu speech; he is frequently called upon to respond to these addresses of welcome. On the other hand, I was a little afraid of Dayton, because with the characteristics of the Cleveland men they would have claimed Dayton to have been a suburb of Cleveland. We of Cincinnati are so modest we only claim Cincinnati as a suburb of Dayton.

I am glad we are so welcome here and not in the manner I used to be welcomed by a lady who was the mother of a chum of mine. He used to visit at my home and partake of all the good things to eat there, quite often, and I occasionally tried to visit him, but, somehow, his mother always knew when I was coming and met me at the gate, and, after inquiring very kindly how the other members of the family were, she would say, "Well, now, why don't you come over and see Frankie

some time?" Just as if she didn't know I had walked two miles to see Frankie that day.

We believe in the homeopathic law of *Similia*, and we believe that our good appetites that we have brought are only to be appeased by good eatables, so we warn you tonight when you prepare your feast "to bring the sheep to the shambles and the fatted calf to the slaughter," because we have our appetites with us.

In this Gem City, as it has been called, you have a County, a State and a National institution. I do not believe that even the most rabid of our old-school brethren think us rogues enough to be confined in durance vile in your County institution, but I am sure that they unanimously agree that we ought to be confined in your State institution, where "sweet bells jangle out of tune." As to your National institution—I mean the Soldiers' Home—not the Cash Register—that beautiful spot where floats the Stars and Stripes, protector alike of its living and dead heroes, there is an example for us as homeopaths, of heroism and loyalty to this State Society, and while I trust we may all be soldiers to this Society, I hope we may never be accused of soldiering. You know there is a popular distinction between the terms. It is unfortunate, but it is always true, that a few have to shoulder the work of the many, and in our State Society this is true. There are a great many homeopathic physicians in the State today that are soldiering, that are not working, and I cannot understand how any man can go out and reap the benefits of Homeopathy without doing anything, either in time, labor or money, for its betterment.

Now, having been assured of our glad welcome here, and having assured you of our gladness by our presence, we are now ready, I believe, in the popular language of the day, to play ball.

President Overpeck: We will now have the presentation of minutes and the Secretary's report.

Dr. H. F. Staples, Secretary: I trust all of you have received the last minutes, in the last book and that will suffice for my report. Thank you.

President Overpeck: I guess action upon that report is not necessary.

The next order of business is appointment of Supervisors of Elections. I will appoint Dr. J. R. Horner, of Cleveland, Dr.

Martha A. McBride, of Zanesville, and Dr. C. Hoyt, of Chillicothe, as these Supervisors.

We will have the report of the Committee on Publication.

Dr. Staples, Secretary: That report is embodied in the Transactions. I have bills for the expenses of the President for envelopes, paper, printing, etc. The amount is \$25.40. It was ordered that these accounts be paid.

President Overpeck: We will hear the report of the Treasurer.

Dr. T. T. Church, of Salem, Treasurer, read the following report:

TREASURER'S REPORT.

T. T. Church, Treasurer, in account with the Homeopathic Medical Society of the State of Ohio:

Dr.
To balance, May 14, 1907\$331.93
To cash received from dues 658.00

\$989.93

Cr.
By Amos Moore & Son, as per bill\$ 1.25
By Dr. H. F. Staples, as per bills 74.50
By Dr. Thomas M. Stewart, as per bills 15.00
By Miss Bertha Barnet, as per bill 43.50
By The Britton Printing Co., as per bill 361.41
By Braunwart and Brockhoff, as per bill 8.00
By postage 10.00
By expressage 33.44
By ledger 1.00
By blank receipts50
By collecting drafts 1.60
By freight and drayage 1.13
By expenses of Legislative Committee—
Dr. James C. Wood 6.00
Dr. J. Richey Horner 6.00
Dr. M. P. Hunt 10.00
Dr. L. E. Siemon 11.00
Dr. H. F. Staples 7.00
Dr. L. K. Maxwell 5.00
Balance 393.60

\$989.93

Our Society consists of 263 members, of whom

- 11 are honorary members,
- 34 reside in other States,
- 3 have paid one year in advance,
- 171 have paid in full,
- 22 have paid to 1907,
- 11 have paid to 1906,
- 1 owes a balance of \$2.00,
- 1 owes a balance of \$7.00, and
- 8 are to be dropped for the non-payment of dues.

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I have received the resignation of Dr. L. D. Meader, who is no longer practicing medicine, and herewith present it for your consideration.

In the years during which I have served you as Treasurer, a number of copies of Transactions for each year have not been used, and they now amount to a burden to care for, and I suggest that your Treasurer be authorized to dispose of any or all copies older than those of 1905. Any disposition that the Society sees fit to order will be appreciated.

Respectfully submitted,

T. T. CHURCH, *Treasurer.*

Dr. Thomas M. Stewart: Mr. President, I think action should be taken upon the report of the Treasurer if it is in order.

President Overpeck: It is in order.

Dr. Stewart: I move that the part of the report referring to finances be referred to the Auditing Committee when it is appointed and I move that the member who has retired from the practice of medicine and has resigned, that his resignation be accepted, and that as far as the disposition of the extra volumes of Transactions are concerned, some effort be made to place these Transactions in homeopathic libraries, colleges first, and that if there are any homeopathic libraries anywhere in the country that are keeping up their Transactions of state societies, that the extra ones be placed where they will fill in a missing volume on file, and then if there are any left over let the members have them.

Dr. C. Hoyt, Chillicothe: I second the motion.

President Overpeck: I can hardly repeat that motion; you all understand what it is. Those in favor of the motion will say "Aye"; contrary "No". The motion is carried.

President Overpeck: I will appoint Dr. W. H. Phillips, of Cleveland, Dr. H. H. Wiggers, of Cincinnati, and Dr. R. B. House, of Springfield, as Auditing Committee.

We will next have the report of the Committee on Increase of Membership, Dr. Stewart, Chairman.

REPORT OF COMMITTEE ON INCREASE OF MEMBERSHIP.

Dr. Thomas M. Stewart, Cincinnati: Mr. President and Members of the Society: I think before I read this report I would like to say that twice a year, in April and October, the physicians in Southern Ohio meet; they met last October in Dayton and were entertained handsomely by the Miami Valley Homeopathic Medical Society. I think it is justly due the Dayton physicians to say that upon one occasion I heard Dr. Phillips say he was so hungry he could eat anything that didn't bite him first, and it is perfectly proper for him to allude in his response to the address of welcome to the menu part of the program that will come later.

Your Committee, to the number of fourteen, on Increase of Membership has been systematically at work since the close of the last session in Cincinnati, 1907, when fifty new members were added to the roster as a result of the labors of your Committee during the previous year.

We will not know the exact number of new members to be added to the roster this year, until later in this session.

The Committee has, as usual, met with great difficulties in pursuing its work. Most of the homeopathic physicians seem to be quite indifferent to the results that organized efforts alone can bring. It is safe to say that if the Homeopathic Medical Society of Ohio should disband today, the most unjust criticism of such a step would come from those who have done nothing to keep the organization to its highest point of efficiency. The thing for us to do, is to keep steadily at work doing that which we think is right and for the best interests of homeopathy in the State of Ohio.

Yours truly,

THOS. M. STEWART, *Chairman.*

Dr. J. R. Horner, of Cleveland: Mr. President, I move that the report be accepted and the Treasurer be authorized to pay the account. This motion was seconded and carried.

President Overpeck: We will have the report of the Board of Censors.

Dr. H. F. Staples, of Cleveland: Mr. President, as representative of the Northeast portion of Ohio, I wish to present thirty-one new names to the Society and also two from other parts of the State. I said last year I would bring twenty-five and I have brought thirty-one. (Applause.)

REPORT OF THE BOARD OF CENSORS.

NEW MEMBERS.

Aeberli, Fridolin.....	The Alhambra, Cleveland Cleveland Homeopathic Medical College, 1905.
Baker, Lyman E.....	Mechanicsburg Cleveland Medical College, 1895.
Bard, Frank E.....	76 Grasmere Street, Cleveland Cleveland University of Medicine and Surgery, 1897.
Barton, Pauline H.....	720 Rose Building, Cleveland Cleveland Homeopathic Medical College, 1901.
Beebe, Hugh M.....	Sidney University of Michigan, 1907.
Boice-Hays, Emma L.....	2236 Monroe Street, Toledo Cleveland Homeopathic Hospital College, 1882.
Bonesteel, E. O.....	10508 Superior Avenue, Cleveland Cleveland Homeopathic Medical College, 1908.
Case, Rolland A.....	1351 East 89th Street, N. E., Cleveland Cleveland Homeopathic Medical College, 1903.
Cash, Nathan.....	69 East Third Street, Uhrichsville St. Louis Homeopathic Medical College, 1870.
Cauffield, Edwin J.....	250 West Market Street, Akron Cleveland University of Medicine and Surgery, 1895.
Clarke, H. R.....	Osborn Building, Cleveland Cleveland Homeopathic Medical College, 1900.
Clendon, Clara K.....	3704 Prospect Street, Cleveland Cleveland Homeopathic Medical College, 1898.
Cochran, D. I.....	Millville Cleveland Homeopathic Medical College, 1903.
Cook, E. P.....	Granville Cleveland Medical College, 1897.
Coolman, H. C.....	Hudson Cleveland Homeopathic Medical College, 1889.

- Cutter, C. S.5698 Woodland Avenue, Cleveland
Cleveland Medical College, 1894.
- Danforth, Josephine Merle.516 Rose Building, Cleveland
Cleveland Medical College, 1897.
- Dawson, T. Kirby.Amelia
Cleveland Homeopathic Hospital College, 1870.
- Deeley, Stanton E.106 South Main Street, Mt. Vernon
Cleveland University of Medicine and Surgery, 1896.
- Denman, George A.Majestic Apartment Building, Toledo
Hahnemann Medical College, Chicago, 1903.
- Denman, Ira O.421-3 Ohio Building, Toledo
Hahnemann Medical College, Chicago, 1897.
- Doan, E. B.West Carrollton
Cleveland Homeopathic Medical College, 1899.
- Ellis, C. D.1730 West 25th Street, Cleveland
Cleveland Homeopathic Hospital College, 1883.
- Ellis, J. Tressler.Waynesville
Fulte Medical College, 1880.
- Emery, W. C.Kenton
Fulte Medical College, 1879.
- Erskine, Jeannette.222 North Third Street, Steubenville
Cleveland University of Medicine and Surgery, 1894.
- Fowler, H. De M.5224 Laurel Street, Collinwood
Cleveland Homeopathic Medical College, 1903.
- Friend, Susan Wheeler. .1849 East 75th Street, N. E., Cleveland
Cleveland Homeopathic Medical College, 1908.
- Gibbs, F. L.84 West Second Street, Chillicothe
Fulte Medical College, 1896.
- Ginn, C. F.Miamisburg
Cleveland Homeopathic Hospital College, 1881.
- Ginn, Charles M.Corner Third and Perry Streets, Dayton
Cleveland Homeopathic Medical College, 1899.
- Good, H. Lee.Hamilton
Fulte Medical College, 1907.
- Green, Arba S.Youngstown
Cleveland Homeopathic Medical College, 1898.
- Hammer, A. J.829 Broadway, Toledo
Fulte Medical College, 1880.
- Hance, W. C.De Graff
Fulte Medical College, 1882.
- Hawkins, Ellen F.31 West College Street, Oberlin
Cleveland University of Medicine and Surgery, 1896.
- Herman, Howard H.111 North Jefferson Street, Dayton
Cleveland University of Medicine and Surgery, 1897.
- Hewitt, W. C.O. S. & S. O. Home, Xenia
Cleveland Homeopathic Hospital College, 1888.
- Higgins, J. M.Athens
Fulte Medical College, 1893.

- Holaday, Elwood West Elkton
Pulte Medical College, 1885.
- Hunt, Harry E. Newark
Cleveland Homeopathic Medical College, 1898.
- Ibershoff, Adolph E. 822-4 Rose Building, Cleveland
Homeopathic Medical College, University of Michigan, 1903.
- Jend, Gustav A. 4951 Payne Avenue, Cleveland
Pulte Medical College, 1897.
- Jones, Frank G. 316 Caxton Building, Cleveland
Cleveland Homeopathic Hospital College, 1888.
- Kerkow, Paul E. 501 East Third Street, Cincinnati
Pulte Medical College, 1907.
- Kimmel, Benj. B. 1007 Rose Building, Cleveland
Cleveland Homeopathic Medical College, 1898.
- Kittle, Richard. 7104 St. Clair Avenue, Cleveland
Cleveland Medical College, 1896.
- Laughlin, Thomas L. 527 River Street, Dayton
Hahnemann Medical College of Philadelphia, 1899.
- Livermore, F. B. 427 Third Street, Barberton
Cleveland University of Medicine and Surgery, 1895.
- Loomis, Walter Harrison 754 Rose Building, Cleveland
Cleveland Homeopathic Medical College, 1904.
- Lovett, A. A. Eaton
Hahnemann Medical College of Philadelphia, 1876.
- Mackintosh, Angus A. 507 Main Street, Wellsville
Cleveland Homeopathic Medical College, 1901.
- Mersfelder, F. H. 228 East Third Street, Canal Dover
Cleveland Homeopathic Medical College, 1904.
- Miller, John D. Tippecanoe City
Hahnemann Medical College of Philadelphia, 1903.
- Morrison, F. A. 2 Third Street, Uhrichsville
Pulte Medical College, 1890.
- Parr, J. D. 220 Putnam Street, Marietta
Pulte Medical College, 1890.
- Prentiss, J. B. 212 North Fifth Street, Steubenville
Cleveland Homeopathic Hospital College, 1890.
- Price, James C. 601 Main Street, Toledo
Cleveland Homeopathic Medical College, 1903.
- Pryor, W. E. Camden
Cleveland Homeopathic Hospital College, 1892.
- Reed, Ralph Wallace 1414 Elm Street, Cincinnati
Pulte Medical College.
- Rhodes, Nelson M. 118 Scioto Street, Urbana
Cleveland Homeopathic Medical College, 1906.
- Rhonehouse, George W. Maumee
Cleveland Homeopathic Hospital College, 1881.
- Riley, C. T. New Matamoras
Pulte Medical College, 1881.

- Roasberry, E. A.New London
Cleveland Homeopathic Medical College, 1906.
- Rohland, William F.610 Rose Building, Cleveland
Cleveland Homeopathic Medical College, 1906.
- Roll, Arthur C.707 Elm Street, Toledo
Pulte Medical College, 1889.
- Rowland, G. O.East Palestine
Cleveland Homeopathic Medical College, 1901.
- Rowland, J. E.South Euclid
Cleveland Homeopathic Hospital College, 1891.
- Saddler, J. L.18505 Detroit Street, Lakewood
Cleveland Homeopathic Medical College, 1906.
- Schell, Hugh D.110 North Third Street, Hamilton
Hahnemann Medical College of Philadelphia, 1906.
- Schneider, Edgar B.Oak and Reading Road, Cincinnati
Pulte Medical College, 1907.
- Schneider, J. Homer.....1900 West 25th Street, Cleveland
Cleveland Homeopathic Medical College, 1898.
- Shaffer, Henry W.Tedrow
Cleveland University of Medicine and Surgery, 1897.
- Shepherd, Z. W.Tedrow
Chicago Hahnemann Medical College, 1877.
- Snow, W. S.Monroe
Pulte Medical College, 1896.
- Steiner, J. S.Bluffton
Cleveland Homeopathic Medical College, 1898.
- Strong, Charles H.2333 Robinwood Street, Toledo
Cleveland Homeopathic Hospital College, 1878.
- Sullivan, Claude117 Van Buren Street, Dayton
Chicago Homeopathic Medical College, 1904.
- Summers, Daniel V.41 East Whitney Avenue, Shelby
Pulte Medical College, 1888.
- Telford, Henry C.Attica
Homeopathic Medical College, University of Michigan, 1906.
- Thornburg, R. W.371 Spitzer Building, Toledo
Cleveland University of Medicine and Surgery, 1895.
- Tillotson, Loyal Hart.....153 South State Street, Painesville
Cleveland Homeopathic Hospital College, 1885.
- Varney, J. D.Chesterville
Pulte Medical College, 1900, and Chicago Homeopathic Medical College, 1901.
- Waite, J. J.Deerfield
Cleveland Homeopathic Medical College, 1900.
- Walker, W. S.506½ Adams Street, Toledo
Pulte Medical College, 1897.
- Wallace, C. R.Struthers
Cleveland Homeopathic Medical College, 1897.
- Waltz, Alvan L.1617 East 85th Street, Cleveland
Cleveland Homeopathic Hospital College, 1883.

- Welch, Harry R.168 East Main Street, Chillicothe
Chicago Hahnemann Medical College and Hospital, 1905.
- Westbrook, M. H.Olmsted Falls
Cleveland Homeopathic Medical College, 1899.
- Wetzel, Harry S.903 Reibold Building, Dayton
Hahnemann Medical College of Philadelphia, 1898.
- Whitaker, H. O.New Burlington
Cleveland Homeopathic Medical College, 1901.
- White, Mary H.2057 East 107th Street, Cleveland
Cleveland Homeopathic Medical College, 1898.
- Wolcott, R. C.20 South Cherry Street, Troy
Pulte Medical College, 1897.
- Young, James W.Bellefontaine
Cleveland Homeopathic Medical College, 1896.

On motion the recommendation of the Censors was accepted and the above applicants elected to membership in the Society.

The following applications were received too late to be acted upon:

- Klein, Will J.2389 W. 25th Street, Cleveland
Cleveland Homeopathic Medical College, 1906.
- Zimmerman, George H.Fremont
Chicago Homeopathic Medical College, 1884.

President Overpeck: We will have the report of the Committee on Credentials if they have any report to make.

Dr. W. W. Ensey, of Dayton: Mr. President, I believe I am the only member of the committee present; we have no report to make.

President Overpeck: We will hear the report of delegates from other societies and public institutions.

Dr. J. R. Horner, of Cleveland: Mr. President, I have a short written report which I will present to the Secretary.

REPORT OF THE DELEGATE TO THE PENNSYLVANIA STATE HOMEOPATHIC MEDICAL SOCIETY.

I beg to report that, as a delegate from your honorable body, I was in attendance on the meeting of the above-named body at its meeting held September, 1907, at Pittsburg, Pa. The meeting was held in the assembly room of the Homeopathic Hospital and was attended by a large percentage of the members of the Society. The program of papers to be presented was a very full one, too full for adequate consideration of them. The papers read, however, showed careful preparation and were given attentive consideration. Although the meeting

was held nearly eight months ago I have not been able to obtain a copy of the proceedings and presume that they have not yet been published. I am, therefore, unable to give a full report of their proceedings, as I should like to do. I was impressed with the evident activity of their committee on new members, the number of applications received being just an even hundred. This makes their total membership something over five hundred.

The committee on legislation had a particularly active year as there had been in the legislature the usual biennial attempt to place the old school in supreme control of medical matters in the State. However, by a liberal effort of strength on the part of the members of the committee and a great sacrifice of their time, such efforts were defeated and the cause of Homeopathy was victorious over the conspirators.

The Allegheny County Homeopathic Medical Society were the hosts of the occasion and their entertainment was most elaborate. They certainly showed that they were a united body when it came to looking after the physical wants of their guests.

The next meeting of the Society is to be held at Scranton, Pa., in September of this year.

Respectfully submitted,

J. RICHEY HORNER.

SUMMIT COUNTY CLINIC SOCIETY.

In the past year the Society held its monthly meetings, as usual, in the office of the President and devoted the time to the discussion of clinical cases and topics assigned to members. It was organized January 15, 1885. With the exception of summer vacations, some years, and the absence of a quorum, the meetings have been held regularly. One new member came in the past year and one died. The membership embraces every homeopathic physician in Akron, Cuyahoga Falls and four in Barberton. The annual election occurs at the regular meeting in January. The President is R. DeW. Robinson. In the death of Doctor Orin D. Childs the Society lost one of its first members, who was faithful to its interests and imparted many useful points to the members. He was a close adherent to the law of *Similia* and skillful in its application to the sick. To him the law was no theory; it was truth, to serve as a daily guide in the choice of healing weapons.

KATHERINE KURT, *Secretary*.

REPORT OF THE OHIO HOSPITAL FOR WOMEN AND CHILDREN.

Report of the Ohio Hospital for Women and Children,
549 W. Seventh St., Cincinnati, O., from May 1, 1907, to May
1, 1908:

Number of applications for admission	120
Number admitted	104
Number treated for year	234
Number in Hospital May 1, 1908	7

Hospital has had a fairly prosperous year, the increase from
patients closely covering the running expenses.

FLORENCE M. POLLOCK, M. D.

The next in order of business was the address of the Presi-
dent, which was read by Dr. J. W. Overpeck, President, of Ham-
ilton, Vice President L. E. Siemon presiding.

PRESIDENT'S ADDRESS, 1908.

It is customary for the President of this and other societies,
to speak of the workings of the Society and to suggest the adop-
tion of measures and plans which he believes would be bene-
ficial to the Society and its members. This is very proper and
as it should be; but if I step out of the beaten path on this oc-
casion I hope I shall have your pardon for doing so.

We are all glad to note the great improvement in the
"health" of our Society; that the diagnosis by our President of
last year was correct; and that the remedies applied have acted
as a real *similimum*. But our membership committee will re-
port the case in detail, so that you may see the results of the
treatment.

Because it seems to me of such great importance, I wish
to speak rather briefly today of the "whys and wherefores" of
the present status of Homeopathy, and to state a few facts which
may serve as hints as to what might be done in our meetings,
and in our individual spheres as well, to promote, to some de-
gree, a better understanding, and a wider acceptance of our
methods by the people in general. I say "the people in general"
advisedly, I think, because it is the masses who lack knowledge
of our mode of treatment. The up-to-date doctor of any school
knows there is much of truth and efficiency in this therapeutic
law, and is willing in many instances to acknowledge the same.

But let us first take a very brief glance at the history and growth of Homeopathy. Here we have a method of treating and curing disease, discovered and demonstrated more than a century ago by one of the ablest men in the profession at that time; a system which we believe has done more for the improvement and advancement of the art of medicine, than any method that has ever been taught or practiced; a system, the basic principles of which shall serve as a guide in therapeutics, not only through this second century of its life and history, but through centuries to come; a system which braved and defied the prejudices, the ridicule, and persecution of that intolerant first half of the nineteenth century, has stood the test of scientific research of later years, and has come out stronger on account of the struggle.

Yet, notwithstanding all this and volumes more that can be said in its favor, we must face the fact that not more than eighteen per cent of the people in this great and progressive country of ours, are receiving the benefits of homeopathic treatment.

As to *one* of the great hindrances to its growth, I am sure all will agree; and it needs but to be mentioned. I refer to that almost impenetrable wall erected at the very birth of the system, by the prejudices, the intolerance of things new, the narrow-mindedness of that age, the same in kind as that which humiliated and persecuted Galileo and many others who were the pioneers of advanced thought in earlier times. Even at this day this wall still stands; although it is crumbling and tottering at many points.

But in my opinion, the apathy, the indifference, and the self-contentedness exhibited by the average homeopathist, constitute the greatest stumbling block that lies in the way of the progress of Homeopathy. Most of us are making enough to keep us in moderate comfort, and are content to jog along and let her work out her own salvation.

What are some of the expedients or measures by which this work can be facilitated and hastened? Most, if not all of you, will say that organization is a most potent factor. And I say organize. Organize from the little country club up to the State and the National Association. Make the smaller tributary to the larger, and all into one harmonious whole. And when this is all complete shall we settle down into our little home routine again, and allow the societies to do the work? If we do this then our organization will be of no avail.

For several years we have talked propagandism in our State and National Societies, but are the results all that could be desired? I would not in the least decry the usefulness of the medical society, for I believe it to be indispensable to the success of our cause; but after all do you not believe, as I do, that in the work of spreading a knowledge, and the practice of Homeopathy, the real obligation lies at the door of the individual doctor?

If questioned as to what the individual doctor can do in this scheme of propagandism, I would say: First, practice good straight Homeopathy as far as it lies in his power to do so. Let him study his cases carefully, and burn some midnight oil over his materia medica occasionally; so that he may cure difficult cases—even cure some cases that are commonly considered incurable. The careful, painstaking homeopathist does these things, and they are the things that talk. Thorough, honest work speaks eloquently and forcefully for any cause.

Secondly, I would say to him: Preach what you practice. Not that he should do this on any and all occasions, but that there are occasions, frequently presenting, upon which it is perfectly proper, and at the same time, profitable to both patient and doctor, to speak of the treatment and the results obtained. Shall he speak of the theoretic aspect of the subject, the scientific methods of preparation and application of our medicine? I say, yes, in some instances. A few will be intensely interested in this, but most people care but little for theories and theorizing.

We sometimes hear it stated, that we have arrived at an age in which people think for themselves; that they study problems and reach conclusions more or less independently as regards the opinions of others. Let us question a little as to what extent this is true. How many Methodists, Baptists, Presbyterians, etc., can you point out, who have been neither born and bred in their church, nor drifted into it through force of circumstances? What proportion of the Republicans or Democrats of the present day have "thought" themselves into their political opinions? How many young parents take any pains to investigate and compare the results of the different methods of medical treatment, so that they may select that which they think best calculated to make strong men and women of their children? I think your answer to these questions would be, *not very many*. And this being true, in what way can we reach and interest this great majority of the people?

A popular lecturer of the present time says that the masses of the people think in dollars and cents. Is not this about nine-tenths true? And can we not interest them from a dollars-and-

cents standpoint? I ask any one of you who has practiced a sufficient length of time, to look over your account books, follow down the accounts of families who formerly were treated with crude medicines, but have come under your care within the last six or eight years, and notice that after two, three or four years, the amount for your services has diminished to fifty per cent in many instances, to thirty-five per cent in *most* instances, and in some families, below twenty-five per cent of the amount for the first year. In families in which there are a few children, whether they be increasing in number or not, according to my observation, Homeopathy will produce these figures. Suppose on an average it does half so well, have we not enough to interest the people in the way of dollars and cents? Learning so much, they can readily understand that less sickness means better health; and better health means ability to do more business or more labor; and this again means more dollars.

And now, after calling attention to these few facts, I ask if you cannot think of many things which, if properly presented, would be of interest to people of ordinary minds, even so that they might discuss them themselves?

Again I say I have gone out of the ordinary way to bring up this subject, because I believe these things should be discussed in our meetings more than they are discussed. We come to the meetings to get new ideas, more knowledge, and ought to return better prepared to teach as well as practice our art.

Are we not too modest, both in our meetings and out of our meetings, in exploiting our ideas and achievements? Are we not too slow in the matter of claiming those things which rightfully belong to us and for which we do not have the credit? The work done by our brethren in Iowa, in regard to vaccination and the use of variolinum will undoubtedly bring good returns in that state. In the vast amount of experimenting and research in chemistry and therapeutics of recent years, many of the most important principles unearthed or demonstrated, serve us well in proving and strengthening our theories. I think we should make the most of these things, and that our journals should say more of a positive and aggressive nature, concerning them.

Before closing I have one little item to mention which concerns the work of our society. And this is not original with myself, but was suggested by a member from my own city. It is in reference to setting apart in our program of a half hour or more, during which time we may listen to voluntary items, giving not more than three minutes to each person, and allowing no discussion. Thus any member would have an opportunity

to take part in the exercises, and present any item, such as extraordinary effects of certain medicines in certain cases, or unusual cases or instances that would be of interest and profit to the members. I only suggest this and the Society may consider it at its pleasure.

I wish to thank the Society for the confidence manifested in placing me in this position of trust and honor. And I hope my little effort may not prove to be entirely fruitless. In behalf of the Society, and for myself, I want to thank every officer, every chairman and every member of the various bureaus and committees for his and her part of the work for this meeting. The Secretary, the Chairmen of the Membership and Legislative committees, and some others have had much to do, and as to whether it has been well done we shall see, and I am sure we shall not be disappointed.

Dr. Siemon: It has been customary to have a committee appointed on the President's address, what is your wish?

It was moved and seconded that the Chair appoint a Committee on the President's Address, and upon a vote being taken the motion prevailed.

Dr. Siemon: I will appoint upon this committee Dr. H. H. Baxter, of Cleveland, Dr. Palmer, of Newark, and Dr. Barnhill, of Findlay.

Dr. Overpeck: We are glad to have present with us Dr. R. S. Copeland, President of the American Institute of Homeopathy. We shall be glad to hear from Dr. Copeland, of Ann Arbor.

Dr. Copeland was greeted with applause and responded as follows:

Mr. President and Members of the Society: I thank you very much for this kind greeting. I have a few canned remarks that I am going to make tonight; the committee has very kindly offered to give me a chance at the banquet. I will not bore you now; I know you have other duties to dispose of and if you really care to hear me you will come this evening. And I want to say something at that time in regard to the work of the American Institute, and I wish to express the hope that all who have joined the Ohio Society today will leave with Dr. Staples, or someone else, an application blank filled out, asking for membership in the American Institute of Homeopathy. We need you, not only in

the Society in your own State and in your own local organization, but we need you especially in the work in the nation. It seems to me there never was a time in the history of Homeopathy when as now, every homeopath could say, I am king. Certainly everything in the world of science, as your President has said in his address, tends in the direction of and is a confirmation of Homeopathy, and we need all the people who believe that to join in the work of the nation, that the work elsewhere may go forward as well as in your own State.

I thank you very much and hope to see more of you tonight. (Applause.)

Secretary Staples: For the benefit of the members I wish to say that I have plenty of blanks of the American Institute here and shall be very happy to receive your applications for membership.

President Overpeck: The next in order is the report of the Committee on Legislation, Dr. Hunt, Chairman.

Your Legislative Committee would submit the following report:

There were three bills brought before the Legislature this last winter which should not, and did not, pass; viz.: The Opticians, or Optometry Bill, the Nurses Bill and the Ellis, or Non-Medical Healing Bill. These bills did not pass because, in the opinion of your committee working in conjunction with the Legislative Committee of the State Medical Association they were an encroachment upon the principles of medical practice regulation.

The passage of the Ohio Pure Food and Drugs Act was helped along very materially by the conjoined legislative committees engendering thereby the enmity of trade interests as represented by the manufacturers of blended whiskey and food stuffs, and of Mr. Chaney, President of the Proprietary Manufacturing Companies of America. On account of this a concerted effort will be made with the next Legislature to oust the medical practice act. This can only be prevented by close attention to detail work on the part of your committee working with our efficient members of the State Board and with the Legislative Committees of other state medical societies.

In this connection it may be well to state that Dr. Beebe, one of our members on the board, will be retired next March. We would suggest that at this meeting some action be taken toward the appointment of his successor.

A Codifying Commission was appointed by the Legislature to codify certain laws of the State, among them the Medical Practice Act. Your committee worked with the committees from other state societies along this line also, aiding the State Board and the Codifying Commission. The name of the board has been changed to "The State Medical Board."

Another provision was for the primary and final examination to be held in Columbus. This was in part defeated.

Respectfully submitted,

M. P. HUNT, *Chairman,*

A. W. REDDISH,

L. E. SIEMON,

Committee.

President Overpeck: We have a report in which there are one or two suggestions which will have to be acted upon. The question arises as to whether we had better do that now or a little time be given for discussion at noon time. I bring it up for that purpose.

Dr. Hunt: There is only one thing that will require any special attention and that is in regard to Dr. Beebe. Now the Governor will have the appointment of Dr. Beebe's successor in March, 1909, and if the man is recommended to the Governor by the State Society it will aid him very materially in his appointment. That is the reason we had that suggestion made, and if it will help the Society any to wait until after dinner and discuss the matter and bring in a candidate, all right. If not I would suggest that—I don't know that I have any right to suggest it—that the matter be left to the Legislative Committee with power to act, if there is no decision made here with regard to it.

Dr. House: Mr. President, I move the Society recommend Dr. Beebe for reappointment.

This motion was seconded.

Dr. Beebe: I appreciate the compliment of the motion very much, but at present I do not consider myself a candidate for reappointment. I feel that my successor should be a younger man, a bright, live, young fellow, better qualified for the place than I am. I think he should be a college-bred man, a degree man. To-day the question of medical education is indeed a very important

one; the question of preliminary education, the standard of medical colleges, the standard of qualifications is being elevated; degrees are required, and I feel that my successor should for this reason be a degree man, and I think he should be a younger man. Again, I feel that the profession through the State Society should have something to say with regard to this appointment. Furthermore, do as is done in some other states where the Medical Society selects three or four, possibly five candidates to be recommended to the Governor and he makes his selection from these four or five thus recommended. For these reasons, thanking you for this resolution, I decline the reappointment if the right man can be found to succeed me. I feel that someone else would be better qualified for the work from now on.

The President: The motion is before the house. Those in favor will say "Aye," contrary "No." Dr. Beebe has declined and the motion is lost.

Dr. Beebe: I think the suggestion that Dr. Hunt makes is a good one, that the selection be left to the Committee on Legislation. I don't make it as a motion.

Dr. Palmer, of Newark: Mr. President, It would be proper possibly to discuss this matter and report after dinner, but that is a good suggestion and I will make that as a motion that we leave this matter to the Legislative Committee with power to act.

Dr. Staples: I second the motion.

The President: You have heard the motion. All those in favor will say "Aye"; those opposed "No." The motion is carried.

President Overpeck: Is the Committee on Education ready to report?

REPORT OF THE COMMITTEE ON EDUCATION.

It is quite evident that the physician of the future must have a much better preliminary and medical education. He must be proficient in modern languages and in the sciences. He must be thoroughly trained in research in the laboratory as well as in clinics and the hospital. The advanced standards of medical education already adopted are an earnest of the establishment of still

higher and uniform standards until as good training in medicine will be secured to Americans in America as can be found anywhere in the world.

The preliminary requirements necessary for admission to a medical college are engaging the preponderance of thought upon this subject at the present time. While a large majority of the medical colleges of the United States are seemingly satisfied that the preliminary education should be a standard four-year high-school education, there is an ever increasing number that have reached the conclusion that a higher standard should be maintained and that the usual "high-school" course is inadequate. These latter, after mature deliberation, have reached the conclusion that the great advances of recent years in all the natural sciences have led to corresponding advances in the practice of medicine and surgery and this has overburdened the medical curriculum as now in operation for the average student to such an extent that the present four-year course in medicine is impossible. Too large a proportion of the time is given up to fundamental and non-professional instruction in chemistry, physics, biology and other kindred subjects on which the knowledge of diseased conditions is founded and too small a proportion to the specialized information which is imperative in the education of a properly equipped physician. The period of four years is deemed sufficient at present if devoted entirely to strictly medical subjects; otherwise it is not.

Those medical educators who maintain that the usual "high-school" course is inadequate, recommend that one or more years devoted to physics, chemistry, biology, one or more of the modern languages and laboratory work should be taken in a school of liberal arts or in the medical college, provided the latter is equipped to give such instruction.

It is estimated that by 1910 twenty-seven medical colleges will require two or more years and sixty colleges will require one or more years of work in a liberal arts college for admission to the study of medicine.

At the meeting of the American Institute of Homeopathy held last June at the Jamestown Exposition, the following resolution creating a standing committee on Medical Education was unanimously adopted: "Resolved, That a Council on Medical Education to consist of five members shall be appointed, one to serve, five, one four, one three, one two, and one one year, respectively and thereafter one member appointed each year to serve for five years. The duties of this council shall be in the direction of equalizing and elevating the standing of medical education. To

protect the interests of homeopathic colleges. To confer with and to work along the same lines as the Council on Medical Education of the American Medical Association, The Association of American Medical Colleges, and the Intercollegiate Committee of the American Institute; and to report annually to this body.

Doctors George Royal, Des Moines, Willis A. Dewey, Ann Arbor, John B. Garrison, New York, John P. Sutherland, Boston, and T. G. McConkey, San Francisco, were appointed to constitute that Council on Medical Education.

The Council on Medical Education of the American Medical Association holds an annual conference to which are received delegates from the state licensing bodies, from the state medical societies, from the American Institute of Homeopathy, from the National Eclectic Medical Association, from the confederations and associations of state licensing boards, from the United States Army and Navy Medical Corps and the Public Health and Marine-Hospital Service, from the schools of liberal arts, officers of the American Medical Association and invited guests.

At the last annual conference held in the city of Chicago, April 13, 1908, there were present beside the members of the Council, 88 delegates, representing 21 state examining boards, 21 state medical societies, 3 departments of the government service, 2 confederations of examining boards, 2 college associations and 2 national medical associations, as well as 30 medical and liberal arts colleges.

In view of the fact that this subject of medical education is so thoroughly provided for by these annual conferences, to which our national society, the American Institute of Homeopathy has given its unqualified assent, I recommend that this Society dispense with the standing committee on Medical Education and elect a delegate each year to these annual conferences.

ROBERT B. HOUSE.

The President: Will the Society take any action in reference to this paper?

Dr. Jones: Do I understand that is a motion?

Dr. House: No, it is simply a recommendation.

Dr. Jones: Mr. President, I move that the report be accepted and the recommendation adopted.

Dr. Irvin, of Orrville: I second the motion.

Dr. Thomas M. Stewart: Mr. President, I don't think it is very wise to dismiss this Committee on Medical Education unless there is a provision on the part of this Society in some way to

keep members informed as to what is going on along medical educational lines. It is true, that all of these bodies are doing a large amount of work and they are very active in this regard. It is not possible for the physician in general or special practice with his mind occupied with so many other things, to keep himself posted on these matters. I think it would be wise to have someone give us a resumé—very brief, of what those bodies are doing each year. There will be some things brought in here today in Dr. Baxter's report, and some things are suggested in this paper that make me think it is not wise to drop out all reference to medical education in our meetings.

Dr. House: That was just my own idea when I made the recommendation that we drop the Committee on Medical Education and I'll tell you why. We have had such a committee in this Society for twenty years, and it has never been known that more than one member ever wrote a report on medical education; the other members of the committee would sign it if the report were submitted to them, but frequently the report would be submitted to the Society without the approval of the other members of the committee.

Then the reason for suggesting that it was deemed wise that this Society should elect a delegate each year to this annual conference, and the main reason in my mind why we should do so, is this: This conference is held in April each year in the city of Chicago, which is so near to the time of the meeting of our State Society that it is impossible for us to get the data unless someone is there present to get it. If we had a delegate to attend that meeting each year, attend the conference and come home and give us in a brief manner the action taken at this conference, it seems to me it would be so much better than to have to wait a year. What has been done this year I haven't been able to ascertain, except a very brief account. By next year it will be perfectly easy of access to all of us, but it will be chestnuts.

President Overpeck: Is there any further discussion?

Dr. Baxter: It seems to me, Mr. President, the suggestion
ma House is an excellent one, to send a delegate to the
m t, first-hand, an immediate report as he sug-

gests. After the report comes in, and after it is printed it will be available to all members, but it would be stale news by another year. To keep posted, promptly posted, it seems to me it would be a proper thing to do to appoint such a delegate.

The President: Then are we to understand the members of the Board of Elections are to nominate an officer for that position in this meeting?

Dr. House: The delegate would be nominated and elected I suppose, by the Society, the same as the Chairman or the members of the Committee on Education are now elected. Of course, this will require a motion to do away with the committee as one of the standing committees of this Society; it will require a motion to dispose of that committee. If the Society would prefer it, they could keep that standing committee and provide that it shall consist of one member who would constitute the delegate to this conference.

President Overpeck: I think it ought to be brought before the meeting in some more definite form. There is a motion, however, before the house to accept the recommendation.

(Voices: "Question.")

President Overpeck: The question is called for. Those in favor of the question will say "Aye"; contrary "No." The motion is carried.

Dr. C. E. Walton, of Cincinnati: I move that the Election Board put the name of one or more delegates on the ticket.

This motion was seconded.

President Overpeck: It has been moved and seconded that the election officers are instructed to nominate a person for this position mentioned in this paper, a delegate to—what body would you now call it?

Dr. Walton: Call it the Conference or Council of Medical Education of the American Medical Association.

President Overpeck: I will not repeat that; those in favor of the motion will say "Aye"; contrary "No." The motion is carried.

President Overpeck: We will now have the report of the work of the State Board of Medical Registration and Examination, Dr. H. H. Baxter, Chairman.

REPORT FROM THE STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION

Dr. H. H. Baxter, of Cleveland: Mr. President and Members of the Society: The principal report which naturally comes from this Board you will find in the printed Annual Report which has been prepared and is ready for circulation; if any of you have not received it, it can be had upon application to the Secretary of the Board at Columbus. I will not attempt to repeat anything; in fact there is little to say outside of what may be contained in that report. That report, however, closed on the 31st of December last and what I may have to say will refer more especially to instances that may have occurred since.

The principal point of interest, and it should interest all homeopaths and members of this Society, consists in the fact that at the last session of the legislature, that is previous to this last session—last year—a Codifying Commission was appointed to, as its name indicates, codify and concentrate the various laws of the State. They have taken into consideration the medical law, among others, and have classified all, dividing them up so that the medical features hereafter will be found scattered in various parts of the codified law and not all in one medical bill as heretofore. This will require some search and trouble on the part of those not familiar with that kind of work. It was the purpose of the Commission in the first place not to change the sentiment or purpose or intent of the law in any particular, but simply to change the wording in some instances, to make the definition more clear. This was found necessary in some instances, in prosecuting cases wherein very much doubt was expressed by which the Board was hampered in some of its work. This rule was not followed, however, in all particulars, and some changes were made, some, I think, beneficial and desirable, others in my judgment quite the reverse.

The principal beneficial feature that was changed was to define more clearly what constitutes the practice of medicine. This was found to be a most difficult thing to do, to define the practice of medicine in a way that would stand the tests of the courts and the ingenuity of certain legal advisers, and reach men who desire to practice without complying with the plain provisions of the law. It is a fact that many of the quacks and mountebanks have evidently consulted shrewd attorneys and have come to know very keenly, very clearly just how far they can go, and they go just as far as they possibly can. They go clear up to the line of the law and occasionally step over when

they think they can do so with safety. To guard against this, the definition of the practice of medicine has been revised and I think strengthened. The codifying commission have been influenced by recommendations, and in fact have invited recommendations for change; that is to say, they offered to make changes in the law when recommended by responsible persons in whom they had confidence. Chiefly they have applied to the State Board for advice and have stated that they would make certain changes if the Board recommended them. Now, whether the old-school society has taken any part in this or not I do not know, nor am I advised as to whether the attaches of the legislative committee of this Society have been asked in that particular. But if not, in either case, it seems to me that the entire medical profession, of all schools, is interested in some of these things and should be consulted before final action is taken. I do not feel that the State Board has any right to make these suggestions or recommend these changes without the backing and the advice and consent of a majority of the medical profession at large.

One of the features which has been recommended to the Commission, and, I believe, has been incorporated into the law by them, was made upon recommendation of a majority vote of the Board. That is, to the effect of transferring to the State Board the authority to advance the requirements for admission to medical colleges. This amendment places within the power of the Board at any time, whenever it may see fit, to require additional qualifications or educational qualifications for admission to medical colleges. The purpose of that is to add onto the High School demand or diploma as it now stands, or its equivalent, a one or two years' course in a literary or scientific college, looking toward a degree of A. B. or A. M.

These points are of very great importance, and ones which the medical profession should consider carefully, and I present them here in order that this Association may express its opinion upon them, if it is not too late. I believe that the report of the Codifying Commission, as far as the medical law was concerned, was adopted. But certain amendments were made which were pointed out afterward to be inoperative practically, so that there is some doubt as to whether the Governor did or will sign it. This feature is in reference to the Board of Examiners. The present Board of entrance examiners consists of four members, one in Cincinnati, one in Columbus, one in Toledo and one in Cleveland. The entrance examinations were held in all these four cities simultaneously and the questions in each instance

were to be the same in all places. That has been found to be rather a cumbersome and awkward way to manage, so that the proposition has been made to reduce this number to one, and that all entrance examinations shall be held in Columbus, thus requiring medical students from Cincinnati, Cleveland or Toledo to go to Columbus for their entrance examinations as well as for other examinations.

It is a question in my mind whether that is not going to impose an unnecessary hardship upon medical students; that is a question for you to take into consideration if it has not already been adopted.

The most important point in my mind is the one giving the authority to the Board to raise the requirements of entrance to a two years' literary or scientific course in a college. I will say for myself I believe it is a dangerous power. While it is recommended by a majority vote of the Board, yet my own personal opinion is that it is an authority which should not be given to the Board. The law specifically says now that a High School diploma or its equivalent—the equivalent to four years High School course, will admit a student to a medical college. It seems to me that is sufficient. While it is not proposed to require the additional qualifications immediately, yet it is plain to be seen that that will be done or attempted in the near future.

These are the most important features of the work of the Board, and as I said before, these matters have come up since the first of January, since the annual report of the Board closed. I believe these are all of the most important points, but I certainly believe that this organization, this Society, should express its opinion upon these points. As I said before, I am not sure whether the report as adopted by the legislature has been signed by the Governor or not. I thank you.

President Overpeck: Will the Society take any action upon this report?

Dr. W. H. Phillips, of Cleveland: Mr. Chairman, I move you that this report of Doctor Baxter be received and placed upon the minutes of the Society and that in addition the Legislative Committee of this Society be instructed to take cognizance of these recommendations which Doctor Baxter has made.

President Overpeck: You have heard the motion. Is there a second?

Dr. C. Hoyt, of Chillicothe: I second the motion.

President Overpeck: Are there any remarks. If not, all in favor of the motion as stated will say "Aye"; contrary "No." The motion is carried.

President Overpeck: Next is the report of the Necrologist. Dr. Beckwith is not present and Dr. Horner will read his report.

Dr. J. R. Horner, of Cleveland: Mr. President and members of the Society: Dr. Beckwith is absent. His absence is due to the duty which affection calls, the care that he feels he must bestow upon his wife. Mrs. Beckwith has been ill for some weeks, having had a paralytic stroke in the South during their stay there and is now suffering from a left hemiplegia which puts her in a very serious condition. Dr. Beckwith asked me to bring to you his greetings and to wish for you a successful, pleasant and profitable meeting. His report is as follows:

NECROLOGIST'S REPORT.

By D. H. Beckwith, M. D., Cleveland, Ohio.

During the past year there have been 23 deaths among the homeopathic physicians of Ohio. Of this number only five were members of the State Society. Four were soldiers in the war of the rebellion.

The following are the names of the homeopathic physicians in Ohio who have died during the year May, 1907, to May, 1908:

1. E. R. Eggleston, died June 1st, 1907, aged 69 years.
2. Dana W. Hartshorn, died at Cincinnati, June 11th, 1907, aged 80 years. He lived a long and well-spent life. He was one of the pioneers of Homeopathy in this State and had been one of the foremost professors and the Dean of Pulte College. During the civil war, he won by his gallantry one of the highest positions in the army. He was the last of the old veterans on the staff of General Sherman.
3. John W. Storer, died at Baltimore, Ohio, March 22d, 1907, aged 47.
4. John Laiferty, died at Columbus Grove, Ohio, April 11th, 1907, aged 60.
5. James H. Ferrell, died at Marion, Ohio, May 3rd, 1907, aged 58.
6. John Dietrick, died at Youngstown, Ohio, June 23rd, 1907, aged 62.

7. L. W. Sapp, died at Cleveland, Ohio, August 4th, 1907, aged 76,

8. R. R. Parcher, died at Defiance, Ohio, August 20th, 1907, aged 29.

9. Hiram Wilson Carter, died at Cuyahoga Falls, Ohio, August 25th, 1907, aged 66 years.

10. J. T. Sutphen, died at Middletown, Ohio, August 29th, 1907, aged 57. Joined the Society in 1871.

11. J. M. Crismore, died at Helena, Ohio, September 23rd, 1907, aged 63.

12. Kate Parsons, died at Cleveland, Ohio, September 3rd, 1907, aged 66 years. Dr. Parsons was one of the founders of the Women's and Children's Dispensary of Cleveland. She was respected and beloved by all who knew her. She was a loyal friend to the needy sick, a true type of a noble woman and a good physician.

"From love to love she passed ; sweet love she knew
And breathed it here as freely as the air ;
But love still dearer,—love long-time and true
She knew was waiting for her over there."

13. Ewing W. Robertson, died at Cleveland, Ohio, November 6th, 1907, aged 76 years. Another veteran soldier has left our ranks. Dr. Robertson was surgeon in the Civil War for three years.

14. Martha M. Stone, died at Cleveland, November 22nd, 1907, aged 72 years.

15. Silas H. Boynton, died at Cleveland, Ohio, December —, 1907, aged 72 years. For a number of years Dr. Boynton was Professor of Physiology in the Cleveland Homeopathic Medical College. He was a cousin to President Garfield and during his illness was called to the bedside where he remained until the end. For this service, Congress voted him ten thousand dollars. Some twenty years ago, he retired from the active practice of his profession.

16. W. C. Whiting, died at Chesterville, Ohio, November 22nd, 1907, aged 33.

17. D. H. Gregory, died at Newark, Ohio, December 31st, 1907, aged 71 years.

18. C. E. Stroud, died at Sandusky, Ohio, January 2nd, 1908, aged 61 years.

19. O. D. Childs, died at Akron, Ohio, March 2nd, 1908, aged 67 years.

20. Matilda J. Lyons, died at Cadiz, Ohio, February 15th, 1908, aged 61 years. Matilda Jamison Lyons, born October, 1845, in Bucks County, Pennsylvania. Early education in the public schools of Salem, Ohio. Medical degree from Ann Arbor, 1888. In Cadiz from 1888 to 1908. Member American Institute of Homeopathy and the Ohio State Society. "Am sure Dr. Lyons is in every way worthy of remembrance. She was an ideal physician; patient, untiring, skillful, eminently successful. She was greatly infatuated with her chosen work. She was all sympathy and kindness and went to her reward mourned and lamented by every class and condition."—Mary F. Lemon, a life-long friend.

21. Roy O. Totten, died at Cleveland, Ohio, March 15th, 1908, aged——years.

22. S. R. Walker, died at Aurora, Ohio, April 19th, 1908, aged——years

23. H. C. Ruhl, Leipsig.

The following tribute to Dr. Orrin D. Childs was written by Dr. J. W. Rockwell, a warm and true friend of the deceased.

Dr. Childs was born at Moretown, Vermont, February 28th, 1840. At the age of 14, he removed with his parents to Omro, Wisconsin where he worked on a farm until he was 21 years of age. He was educated in the Omro district and high schools, then taught school for four terms and in the spring of 1864 began the study of medicine in Oshkosh, Wisconsin.

February, 1865, he enlisted for one year in Company D., 49th Wisconsin Volunteers and was mustered out November 1st, 1865. He then entered the office of Prof. T. P. Wilson and took up his medical studies at the Cleveland Homeopathic Medical College from which institution he graduated in 1867. He at once located in Akron and for forty-one years practiced there, at the time of his death, which occurred March 2d, 1908, being the dean of the profession in that city. His was conceded to be the largest and most successful practice there.

Dr. Childs was one of the charter members of the Eastern Ohio Homeopathic Medical Society and was the originator of the Summit County Society. He was a member of the Ohio State Society. He was always active in these societies, ready to stand up for the advocacy and maintenance of the principles of Homeopathy and spending his energies in their promulgation. He was a man of strong convictions and had the courage to maintain them. His was a strong personality, a positive character that inspired confidence in his patients and it was to this trait

that was due his phenomenal success in his chosen calling. He was a thorough student, his Bible and his *materia medica* being his constant companions. Many a night did he burn the midnight oil while he searched for the indicated remedy for a given case, never satisfied until he had found it. He had the utmost confidence in the law of the similars and would brook no deviation therefrom. His was an analytical mind and he would never cease his study of a case until he had sifted it down to a finality.

In the death of Dr. Childs, Homeopathy has lost one of its staunchest supporters and this Society one of its most valued members; the profession a kind and efficient counselor and true friend, the community in which he lived, a much loved and trusted physician.

Captain Eugene R. Eggleston, M. D., was born in Aurora, Portage County, Ohio, July 28th, 1838. At the age of twenty-three, his country calling for volunteers to protect the Stars and Stripes, he enlisted in the 41st Infantry of the Ohio Volunteers, assigned to the Army of the Cumberland. He was chosen Orderly Sergeant and was soon promoted to be Sergeant Major. In June, 1862, he received a Second Lieutenant's commission and was assigned to Company C. In 1863 he became First Lieutenant and was made Adjutant of the regiment. The next year he was appointed Captain and when orders came to prepare for active service the young Captain was the first to respond, and had his company ready for any emergency. Among the battles in which he participated were Alton Ridge, Chickamauga, Brown's Ferry, Rocky Ferry Ridge, Resaca, Capville, Dallas, Rickett's Mills, Lovejoy Station, and many skirmishes with the Southern armies. It was remarkable that he passed through his entire army life without receiving a wound or being taken prisoner. While resting on one of the battlefields, the heel was torn from his boot by a cannon ball, while one soldier by his side was decapitated and another lost both of his legs. Such, in brief, is a history of a portion of the war record of the brave and intrepid Eggleston. Had he chosen to remain in the army, greater laurels would have been won by him. October, 1864, he tendered his resignation and returned to his home. Thus ended the military career of one brave Ohio boy in the war of the rebellion.

Soon after leaving the army he became a medical student in the office of Dr. T. H. Sweeney, of Chardon, Ohio, and in March, 1872, he graduated from the Cleveland Homeopathic Medical College. In 1890 he was appointed Professor of Nervous Diseases and Lecturer on the *Organon* in his Alma Mater.

Later he was appointed Professor of the Theory and Practice of Medicine. For two years he was Registrar of the college. He resigned his chairs here to accept a professorship in the University of Michigan, but after two years of service his health forced him to resign to seek work which would give him an outdoor life. He became a member of this Society in 1877, was chosen its Vice President in 1888 and President at the meeting held at Findlay in 1891. In the early years of the Society he contributed a valuable paper at each session. We shall long remember his concise and practical papers on various medical topics.

Two years ago ill health again forced his retirement and light work on his farm gave him temporary relief. June 1st, 1907, he entered into his long, long needed rest.

He was a contributor to many medical journals and was the author of a book on the Principles and Practice of Medicine which had a large circulation. He became a member of the American Institute of Homeopathy in 1890 and during his membership in that body he presented many valuable papers.

He was a consistent and thorough student of the Bible and for many years was active in church work.

To mourn his loss, a wife and three children survive him. To them this Society tenders its sympathy. The medical profession has lost one of its brilliant men, an original thinker, a thorough and practical teacher and an able contributor to medical literature.

Today we pay tribute to the memory of a brave and fearless soldier, an honorable physician, a loyal citizen, an author whose writings have planted in the minds of many students facts that cannot fail to bring forth fruit. His thorough knowledge of the principles of Homeopathy made him a great teacher in the medical college of Cleveland and the University of Michigan at Ann Arbor, Mich. The world is the better for his having lived. The treasures he laid up were charity, piety, temperance and honesty. He left an unblemished life-record to his wife and children as their great inheritance—an inheritance they will long remember.

“Death his sacred seal has set
On bright and by-gone hours,
For the dead are like the stars by day,
Withdrawn from mortal eye.”

Dr. Horner: Dr. Beckwith hoped that there would be opportunity for some words from other members of the Society, but in view of the lateness of the hour I present this as his report.

Dr. Thomas M. Stewart, of Cincinnati: Mr. President, I think this Society ought to send a telegram to Dr. Beckwith. I don't think that he ever pulled back; he always pushed ahead and he always did his duty by the medical profession in this State, to say the least, and I think it would be proper that there be sent to him a telegram worded something like this, "With all good wishes from the Homeopathic Medical Society of the State of Ohio." I make a motion to that effect.

This motion was seconded and unanimously carried.

Later the President read the following:

"Cleveland, Ohio, May 12, 1908.

"Greetings to all the members. May you have a glorious session.—D. H. Beckwith."

This telegram was greeted with much applause.

President Overpeck: I wish to say that there is a fine display of medicines and apparatus and all those things in which doctors are so much interested in the parlors and on the first floor.

Dr. J. R. Horner: Mr. President, under the by-laws the election will be conducted under the Australian system, which would require that those who are to be nominated to this office shall be nominated on nomination blanks which I have, signed by seven members of the Society and placed in the hands of the Supervisor of Elections before five o'clock this afternoon. The election proper will take place tomorrow morning from 8:30 to 10 o'clock, the ballot box being in this room. The election will close promptly at ten o'clock and the report will be given to the Society at 11:30 tomorrow morning. I will be glad to furnish nomination blanks for anyone desiring to use them.

President Overpeck: The Secretary has a communication in regard to the Homeopathic Pharmacopeia which he will read to introduce that question.

April 21, 1908.

H. F. Staples, M. D., Secretary Homeopathic Medical Society of Ohio:

Dear Doctor: Will you not kindly see that a resolution endorsing the Homeopathic Pharmacopeia of the United States

as the standard, is introduced and adopted at the meeting of the Ohio State Society next month.

Similar resolutions to the above have been adopted by the State Societies of Illinois, Kansas, Wisconsin, Massachusetts, New York, Pennsylvania, New Jersey, Minnesota, Rhode Island, Louisiana, Vermont, and will be by several more States next month.

The Homeopathic Pharmacopeia of the United States, as you know, has been adopted by the American Institute as the standard.

We must have uniformity in the preparation of our remedies.

Sincerely yours,

T. H. CARMICHAEL,

Chairman Pharmacopeia Com., A. I. H.

President Overpeck: There are probably some of us who will want information in regard to this, and we have one with us today who is well able to give us a good idea of that matter, if Dr. Copeland will come forward and tell us about this. I will now take the opportunity and pleasure of more formally introducing Dr. Copeland to the Society.

Dr. Copeland: Since the President has given me some work to do, I am glad to appear before you.

The adoption of the Homeopathic Pharmacopeia has now, in my opinion, become more than a matter of sentiment. I think if this question had been put to me a year ago I might have had some serious doubt whether or not I was in favor of this particular pharmacopeia. Some of us have the feeling that a pharmacopeia which has done such efficient service for so long, is good enough for the future. But as you know there has been passed recently by the Congress of the United States what is known as the Pure Food Law and under the terms of that law, so far as medicines are concerned, they are all prepared, as the law now stands, according to the United States Dispensatory. This, of course, is not fair to our great profession.

Dr. Carmichael, who is chairman of this committee, and his confreres have been making a noble effort before the Congress of the United States for the recognition, as an amendment to the present law, of the Homeopathic Pharmacopeia. Then remedies

may be prepared, not according to the standard of the old school, but according to either standard as is preferred. There has been a desperate fight made by our representatives before the Interstate Commerce Commission to have this correction made. A certain gentleman, whose name is Mann, a representative from one of the districts of Illinois, has bitterly and persistently and so far successfully resisted all effort of the homeopathic profession to insert in this Pure Food Law this amendment. Dr. Carmichael and his associates are attempting, by the passage of this resolution through the different societies, to so influence Congress that this change will be made.

And so, Mr. President, I say frankly that for my part I think it is the present duty of the homeopathic profession everywhere to give endorsement to this particular pharmacopeia—we cannot have them all introduced, and so far many of the States have endorsed that one and the effort has been made in Congress with reference to that particular one. I feel that the endorsement should be given so there can be no misunderstanding on the part of your representatives in Congress that the homeopaths of this country demand recognition. Furthermore, it will be a fine thing for our school if we can have Homeopathy mentioned in the laws of the United States, and the Homeopathic Pharmacopeia of the Homeopathic School recognized by the Congress of the United States. (Applause.)

Dr. J. R. Horner: Mr. President, I move you, sir, that we as The Homeopathic Medical Society of the State of Ohio register our endorsement of the United States Homeopathic Pharmacopeia and instruct our Secretary to communicate with the proper authorities requesting that the words, "or the United States Homeopathic Pharmacopeia" be inserted as an amendment to the Pure Food Law, which was passed last year by Congress. And I would say that within the last three days I think it has been passed by the Senate so that it remains only for the work in the House of Representatives to carry it through. I would make that as a motion, Mr. President.

Dr. Baxter: Mr. President, up to this time I have always been opposed to the endorsement or recognition of the pharma-

copeia as adopted by the American Institute of Homeopathy, but in view of the representations that have been made here, and in view of the desirability for the interests of the Homeopathic Pharmacopeia to secure its recognition in the laws of the United States, especially in the Pure Food Law, I beg to second the motion made by Dr. Horner.

President Overpeck: The subject is before the house and is an important one. Let us have it discussed and know what we are going to vote upon. Let us hear from others. One point that Dr. Copeland mentioned privately but omitted in his public remarks is this: that if this amendment to the Pure Food Law is not adopted, all medicines must be prepared under that law according to the United States pharmacopeia, old school, and many homeopathic preparations will have to be labeled, as are patent medicines and proprietary medicines, with the percentage of alcohol, etc., designated thereon. I think it very important that that should be avoided, if possible. That is another reason why I should favor the action of endorsing the Homeopathic pharmacopeia at this particular time.

A voice: Is it not a fact that they are so labeled now?

Dr. Baxter: I think it is.

President Overpeck: Some of them coming from the pharmacies have that label.

The motion was then put and unanimously carried.

President Overpeck: The time has arrived for the posting of the names of the nominees and Dr. Horner has a few words to say in regard to that.

Dr. J. R. Horner: The Board of Supervisors wish to report that they have received nominations for the officers, and there is one nomination for each office. I would move the suspension of the by-laws and dispense with the posting of those names and holding the election at 8:30 in the morning.

This motion was seconded and adopted.

Apropos of the report of the Board of Censors, the following caution was urged:

Dr. H. H. Baxter: Mr. President, I simply want to suggest from what I have seen today, a word of caution. We are all anxious to get lots of members into the Homeopathic Society, all the homeopathic physicians in Ohio, but I believe that we should exercise the same caution that we have done heretofore and that these applicants should be carefully scrutinized by the Board of Censors. I do not wish to be critical, but I fear we have not exercised the caution and care in the reporting of these names that has been customary. I believe it used to be customary for the Board of Censors to post the names of applicants, they to be voted upon later. I believe that is proper and correct and should be done. I am not speaking about any particular candidate who has been elected or presented today for membership; it is only a general mark of caution that I believe the Board of Censors should recognize in scrutinizing the list of applicants as they are made.

Dr. Beebe: Mr. President, I certainly think the suggestion is a good one. No one can become a legal member, according to the constitution who is not a graduate of a medical college, and within the last two years one at least was elected a member of this Society who has no diploma whatever, so we are reliably informed. It is very evident that the Board of Censors have paid very little attention to our constitution.

Dr. Baxter: In our over-anxiety to increase the membership we may be a little careless as to our record later.

Dr. Geohegan: I think that the result of the vote was not announced, or was not declared carried, and I ask permission to withdraw my second to the motion and move that those names be posted.

Upon the second of Dr. Horner this motion was carried.

President Overpeck: We will hear the report of the Auditing Com:

AUDITING COMMITTEE REPORT, 1908

Dues through a year, credited.....	\$661.00	
Balance on hand, May 14, 1907.....	331.93	
Vouchers received		\$593.23
Expenses charged, but no vouchers.....		3.10
Allowance dues of Secretary.....		3.00
<hr/>		
Total receipts	\$992.93	\$599.33
Total disbursements	599.33	
<hr/>		
Balance as per books.....	\$393.60	
No bank book presented to committee.		

In arrears three years for dues are: H. D. Bishop, Cleveland; C. H. Whipple, Barberton; Chas. R. Buck, Cincinnati; J. E. Burnham, Prairie Depot; J. E. Gaston, Wilmington; J. A. Mitchell, Newark; W. T. Miller, Cleveland; W. A. M. Hadley, Springfield.

W. H. PHILLIPS, Chairman,
ROBERT B. HOUSE,
H. H. WIGGERS,
Committee.

President Overpeck: What will you do with this report?

Dr. C. E. Walton: I move that the report be received and placed upon the minutes.

This motion was duly seconded and adopted.

Dr. Horner: Mr. President, is the rule as to dropping of members for being in arrears mandatory,—do the by-laws say “shall drop” those members, or “may drop” those members?

Dr. House: (Reading from by-laws) There is a standing resolution adopted May 12, 1875: “Resolved, That when any member becomes in arrears his name shall be stricken from the list of members, after due notice. No member in arrears shall receive a copy of the transactions.”

Dr. Horner: I would like to make a motion that the Membership Committee be requested to get into communication with these men who have been dropped for non-payment of dues and see if we cannot hold them.

Dr. Phillips: I second the motion.

Dr. Overpeck: You have heard the motion; all in favor of the motion will say "Aye"; contrary "No." The motion is carried.

President Overpeck: The incoming officers will have to be notified of that; the Secretary will make a note of that fact.

Dr. H. H. Baxter: Mr. President, I believe the report of the Committee on the President's Address has not been made.

President Overpeck: We will hear the report of this committee.

Dr. Baxter read this report as follows:

REPORT OF THE COMMITTEE ON PRESIDENT'S ADDRESS

The very able address to which we all listened with so much pleasure and profit, covers all of the subjects so completely as to leave little room for comment or suggestion. It contains much food for thought by all earnest homeopaths.

There are some points, however, of such importance as to demand more than a passing notice. The earnestness with which the speaker urges upon all practitioners of our school their individual duty to the whole profession is worthy of special attention, particularly at this time and the recommendation for the revival of individual propagation and extension of the knowledge of Homeopathy among the people should be considered the duty of every practitioner.

Particularly would we call attention to this paragraph:

"In the vast amount of experimenting and research in chemistry and therapeutics of recent years, many of the most important principles unearthed or demonstrated serve us well in proving and strengthening our theories. I think we should make the most of these things and that our journals should say more of a positive and aggressive nature concerning them."

It would be a poor return to the author of such an address, who has evidently given hours of thought to conditions and makes careful and wise suggestions for betterment, to have it go unheeded; to have it fall upon ears that hear not and upon intelligence and spirit that heed not. We would recommend that this address be printed in one or more of our journals at as early a day as possible and that ~~each~~ member of the Society

make it a point to give it careful perusal. And we also recommend that every member of the Society consider it an address to him personally and make confession that we have failed somewhat in our duty to the profession but that we will be derelict no longer; that we will all and individually make a greater effort to discharge our proper duty to the whole profession and make a greater effort for the propagation of the principles of Homeopathy among the people.

The suggestion contained in the address relative to setting apart a time during some of our meetings for the purpose of giving brief experiences is worthy of special attention and is an experiment well worth trying, especially in local or club organizations.

H. H. BAXTER,
I. N. PALMER,
T. G. BARNHILL,
Committee.

Vice President Siemon: You have heard the report of this committee; what is your pleasure?

Dr. Horner: I move that the report of the committee be received, referred to the Committee on Education and its recommendation adopted.

This motion was seconded and upon being put to a vote was carried unanimously.

President Overpeck: There is a special order of business at this time. We will have the report of the Election Board.

Dr. J. R. Horner: Mr. President, your Supervisors of Election beg to report the following names for officers for the ensuing year:

Dayton, Ohio, May 13.

To the Ohio State Homeopathic Medical Society:

Your Supervisors of Election beg to report the following nominations for officers:

President.....L. E. Siemon, M. D., Cleveland
First Vice PresidentW. A. Humphrey, M. D., Toledo
Second Vice PresidentH. F. Staples, M. D., Cleveland
SecretaryR. O. Keiser, M. D., Columbus
TreasurerT. T. Church, M. D., Salem
NecrologistD. H. Beckwith, M. D., Cleveland
Delegate to Medical Council...R. B. House, M. D., Springfield

Censors:

B. W. Dawley	Toledo, Chairman
W. B. Carpenter	Columbus
A. W. Reddish	Sidney
W. H. Phillips	Cleveland
Alice Butler	Cleveland
R. G. Reed	Cincinnati
George Denman	Toledo

J. RICHEY HORNER, Chairman,
CHARLES HOYT,
MARTHA A. McBRIDE.

Dr. Horner: I move you, sir, a suspension of the by-laws and that the Secretary cast the ballot of the Society in favor of these nominees.

Dr. Geohegan: I second the motion.

The motion, upon being put, was carried unanimously.

Secretary Staples: I make the announcement that I have cast the ballot for the officers named.

President Overpeck: I hereby declare these nominees elected to the respective offices.

I introduce to you your President for the coming year.

Dr. L. E. Siemon: Members of the Ohio Homeopathic Medical Society: I thank you from the bottom of my heart for the honor you have conferred upon me, and I promise to bring to the duties of the office all the energy that I am capable of and just as much efficiency as I have. (Applause.)

President Overpeck: While not especially in order, the selection of a place of meeting for next year may be taken up at the present time. Shall we hear from anyone in regard to a place of meeting?

Dr. Maxwell: Last fall in taking a trip to Cleveland, and in talking with one of the Michigan men, it was suggested to me that, as we expected at that time to invite the State Society to Toledo, it would be nice to have a joint meeting between the Michigan Society and the Ohio State Society, and at a meeting of the Northwestern Ohio Homeopathic Medical Society, a reso-

lution was passed inviting the Ohio State Society and the Michigan State Society to meet in Toledo in 1909; the same action was taken by the Toledo Homeopathic Club and a committee was appointed to meet with you and extend the invitation, but the party who was delegated to perform this task informed me last night that he had to go home, and asked me to do this for him. As is well known Toledo is a sea-port town, and we feel that the Society has acted wisely in selecting a "Siemon" to act as its chief executive for the ensuing year, one who is familiar with the waters of Lake Erie and the Cuyahoga River, and I presume has taken more schooners across the bar than any chief executive that this Society has ever had. (Laughter.)

On behalf of the Toledo profession and the citizens of Toledo, I extend to the Ohio Society a hearty invitation to visit us the ensuing year, and we will try to make it pleasant for you.

Dr. Walton: I move that we go to Toledo next year.

Dr. Arndt: I second the motion.

President Overpeck: You have heard the motion; are you ready for the question? All in favor of the motion will say "Aye"; contrary "No." The motion is carried.

Dr. Arndt: Mr. President, I move that this Society extend to the Michigan State Society an invitation to have a joint meeting at Toledo next year.

Dr. Walton: They have expressed their willingness to come, but I think we ought to put a string to that and agree to have them meet with us provided they do not require us to return the visit the following year. We don't want to get into bad habits in having these joint State Society meetings. It will be well enough for once.

Dr. Maxwell: They will never do it; we will fix them so they won't want us to come over.

Dr. Baxter: I would like to inquire if it wouldn't add to the pleasure of the occasion if Indiana were also included in the invitation and make it a tri-state convention.

Dr. Maxwell: In explanation I would like to say that was talked of by one member of this committee who has this matter in charge,—was talked over by the committee; in fact, one member of the committee was anxious to have that done, but a few of the members of this committee knew the capacity of some of the Ohio and Michigan men and they didn't think they wanted to take on any more than those two states.

Dr. House: I second the motion.

President Overpeck: It has been moved and seconded that we invite the Michigan Society to hold a joint meeting with us next year. Are there any remarks. All in favor of the motion will say "Aye"; contrary "No." The motion is carried.

Dr. House: Now Mr. President, it will be necessary for us to do one thing more and that will be to delegate to the Committee of Arrangements authority to fix the date of this meeting, as our State Society, by order of the constitution, meets on the second Tuesday and Wednesday of May, and the Michigan Society meets on the third Tuesday and Wednesday in May. I move you that the Committee of Arrangements for our meeting at Toledo have the authority to select the date of the meeting.

Dr. Hoyt: I second the motion. The motion was then adopted.

Dr. Arndt: Mr. President, I move that Dr. Rhonehouse, of Maumee, be entrusted with the privilege of inviting the Michigan Society, acting for the officers of this Society.

This motion was seconded and carried.

Following the reading of the paper on "The Needs of Homeopathy Today," by Dr. Charles Hoyt in the Bureau of Materia Medica, the paper was discussed and action taken as follows:

Dr. J. R. Horner: Mr. Chairman, I believe that is a good paper, and I am going to make a motion, if I may be permitted, that will, I think, if it is carried out, do a great deal toward strengthening our school in this State, give us greater strength than we now possess. We have today, at this meeting, gathered in

more than ninety new members ; last year we gathered in fifty new members, as much in two years as probably in five years before, or in four years certainly. And that shows that the State Society is progressing. It has always been awake, but it is wider awake than it ever has been. I think we ought to take advantage of that. I believe that a business man, seeing a decided success result in some department of his work, and pushing that department, will see an improvement in his whole business.

The advantage I think we ought to take of that is to let every homeopathic physician in the State know by means of a circular that we have gotten in nearly a hundred new members this year and fifty last, and I move you, sir, Mr. President, that the Chairman of the Membership Committee be instructed to issue immediately upon the adjournment of this meeting, or within a short time after the adjournment of this meeting, a circular letter to every Homeopathic physician in the State, reciting the great success of this meeting, reciting its success in getting new members this year and last, and that we have now about forty per cent of the Homeopathic profession in the State as members of the Society, and urging that this be followed up by a work for new members next year, work for the State Society next year, and, furthermore, that included in that motion shall be an authorization of this chairman to visit such districts as he thinks may be benefited by a visit and at the expense of the State Society.

Dr. Hunt: I second that motion.

The President: You have heard the motion and the second ; it is before the house.

Dr. Hoyt: I would like to inject a little masonry into this organization. I wish that we couldn't be members of this State Society without being members of the American Institute ; I wish we couldn't be a member of the higher body without being members of the lower bodies. I was surprised when I heard that only 18 per cent of the homeopathic physicians were members of the American Institute. As we all know in the regular school, membership in the State Society makes you a member of the District

Society and also of the National Society and so it goes on through. If you are a member of one you are a member clear on through the line and you are not permitted to hold membership in the District or State Society without holding membership in the National Society and I believe it is a thoroughly good thing. I believe it ought to be encouraged. Members of this Society ought to be members of our National Society and give it all the support we can, besides it needs the money; it needs money in its business, and if the American Institute is good and strong financially they can do more efficient work in the way of legislation, with the money we give them by our membership. I would like to inject a little masonry in here so members of our State Societies would be obliged to hold membership in the "Blue Lodge" before they *could* hold membership in State Societies.

The President: The motion is before the house. All in favor of the motion will say "Aye"; opposed "No." The motion is carried.

Dr. Horner: It is now 3:30 o'clock of the second afternoon of this meeting. I have a motion to make, and I want to make it before four o'clock, because there will be an exodus of people from here at that time. You see we have very little time left, and we haven't touched four Bureaus. You know last year we didn't touch Materia Medica. Just think of a Homeopathic Medical Society having a meeting of two days and not having the Materia Medica Bureau report. I therefore move you, sir, that our Executive Committee be instructed to consider the feasibility of holding a three-days' session next year.

Dr. Hoyt: I second that motion; we don't have enough time.

The President: We haven't as many papers this year as there were last; we are thirteen papers short of last year.

Dr. Biggar: May I amend Dr. Horner's motion; I offer an amendment that the program be arranged so that the vital points be brought forward on the program, for instance Materia Medica, and that the incidentals, such as Surgery and Gynecology be left to trail behind.

Dr. Jones: In regard to this matter, I wish to call the attention of the Society to the fact, that at the meeting at Columbus the work was all completed before anybody wanted to catch his train. I don't wish to criticise anyone, but if the rules of this Society are followed out to the letter, and not allow business like this to come in, which is entirely out of order, we can get through in two days. If you allow discussions on everything to come in between papers you will need four days. Get together on time and confine the papers to their limit and the discussions to five minutes and not hear one single item of business outside, except at the time it should be attended to and you will get through in two days.

The President: That is a very just criticism. I think the greatest objection is to get someone here before whom the papers may be presented. Nobody wants to read a paper to two or three persons. It is getting the people here at the hour the meeting is to be called that is difficult.

Dr. W. H. Phillips: We meet here to hear papers, and we have an executive committee who is supposed to handle the business of the Society. Everytime we meet we take up time with matters that the Executive Committee should attend to.

Dr. Horner: The motion was not a mandatory one, gentlemen, it was to investigate the feasibility of the proposition; if the Executive Committee decides not, why it is all right; it is with the Executive Committee.

President Overpeck: You have heard the motion; all those in favor will say "Aye"; opposed "No." We will call for a rising vote. Those in favor of the motion will please rise. Those opposed to the motion will please rise.

The motion is lost.

Dr. Horner: I would like to make a motion gentlemen, and have it as a matter of record, that we extend to our retiring President, Dr. Overpeck, our thanks as a sense of the appreciation we have of the courtesy with which he has treated us and the work he has done for the success of this meeting, and assure him that we think that it is through his work and that of his very

able Secretary that we have had such a successful meeting, and with your permission, Mr. President, I would like to call for a vote on that question.

Dr. McCann: I second the motion.

Dr. Horner: All in favor of the motion will say "Aye"; contrary "No." The motion is carried unanimously.

Dr. Overpeck: I thank you. I believe that is all now.

Dr. Carpenter: I would like to make a motion with your permission, Mr. President, and I am sure that every member of the Society and all the friends of the Society who have attended this meeting from early yesterday until the present time if they were here would second the motion I shall make. We certainly have been very fortunate in the selection of a place of meeting for this year. With all due respect to our Dayton friends, we almost invited ourselves here, although we had a cordial second to that by Dr. Webster last year; and that they have succeeded in making us welcome is evidenced and appreciated by all. To their warm reception I am sure a part, a large part, of the success of this meeting is due. I move you, sir, that this Society extend a vote of thanks to the Dayton profession and to this local society for the splendid way in which we have been entertained and the cordial reception they have given to us and the way we have been handled in every particular including the fine meeting room we have had at our disposal.

Dr. Horner: I second the motion.

Dr. Overpeck: That is a very proper thing to do. I will call on those of you who are left to say "Aye." The motion is carried.

Adjournment was had at 5 P. M., Wednesday, May 13th, the Society having held four sessions during the two days, the evening of the first day having been devoted to a banquet at which the members of the Society were the guests of the physicians of Dayton. A report of the addresses delivered at this banquet will be found as an appendix to this volume.

BUREAU REPORTS

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY

J. R. McCleary, M. D., *Chairman*.....Cincinnati
"Accidents to the Eyes."

Thomas M. Stewart, M. D.....Cincinnati
"Relief to the Eyes Following Tonsil and Adenoid Work."

ACCIDENTS TO THE EYES.

J. R. M'CLEARY, M. D., CINCINNATI.

In this hustling American age where industry marks the success of man, computing history gives record of the many ocular accidents resulting in impairment of sight and loss of eyes.

These accidents always come in the nature of emergencies to the nearest available doctor and on that point I have chosen the present subject.

Upon the first observer is the entire responsibility thrown. Promptness and decision of action are the fine tests of power and resources of any medical man. He then must know his business or realize his professional limitations and moral obligations to the patient.

Few cases give the practitioner greater cause for concern than these, for in the twenty-four hours' interval immediately following the accident is the golden opportunity.

No matter how trivial an eye injury may seem, there is always risk of disastrous after-results.

The fate of the damaged eye depends upon the treatment first adopted; this is greatly intensified when you realize that sympathetic inflammation may follow in the fellow of the opposite side.

Again you may recall to mind that a wound may heal perfectly with or without a scar in any other part of the body and

be of no consequence, but in the eye the functional integrity must be preserved; there must be no scar. Such a cicatrix located in the center of the cornea may be so thin that only on very careful examination can it be detected. Even thus, such an apparently trivial nebula is sufficient to cause serious impairment of sight.

Right here I would like to suggest, on account of probable legal proceedings, with a possibility of the attending surgeon being called and cited to a court of law for expert evidence in determining the disability of the patient, resulting from an ocular accident, that you deem it of the utmost importance to make a methodical and systematic examination, taking notes for future reference. It is well to get a clean cut history of all the facts or circumstances of the case. Find out the exact nature of the missile, the direction and distance from which it was supposed to come, and, if possible, an idea of the speed with which it was traveling.

Test the vision. Instill a few drops of a 4 per cent solution of sterilized cocaine, first of all, because it renders the eye anaesthetic and relieves to a large extent the pain and blepharospasm accompanying these injuries, and because it overcomes the sensitiveness while this field is prepared for inspection.

Make a careful examination of the orbital margins, the lids, the conjunctiva and the cornea; especially search for any sign of perforation of the ball.

Make an ophthalmoscopic examination to see if there are any changes in the deeper structures, especially the lens and vitreous.

Differentiate between lesions that have existed and those under present cause.

Hospital experience teaches us that the greatest amount of danger is not from physical damage, but from infection of the wound. So that, in proper preparation, the guiding therapeutic principle is the diminution and prevention of sepsis.

The conjunctival sac probably always contains germs which are or may rapidly become pathogenic, and if at any time it is cleaned thereof it soon is re-invaded through the tear passages by bacteria which come from the nasal passages.

To destroy these germs is practically impossible. We naturally think that the washing out of the conjunctival sac with antiseptic solutions will suffice, but both carbolic and corrosive sublimate and others of the popular antiseptics, even in weak solutions, injure the epithelium and induce opacity of the cornea. So, inasmuch as strong solutions are dangerous, and the weak ones ineffective, I would suggest flushing with a bland fluid, as hot normal saline or boracic acid solutions.

The eyeball, you know, is normally a closed cavity and anyone of us through undue haste may introduce infection where we are trying so strongly to guard against it. I would as soon use unwashed hands in the peritoneal cavity as replace a prolapsed iris or attend any of the major accidents without proper disinfection or with unsterilized instruments.

Superficial accidents, such as getting dust, sand, a small fly, or any light foreign body in the eye, are soon followed by a profuse flow of tears and the irritant is washed towards the inner canthus. In the majority of cases the patient begins rubbing the eye, interfering with nature's plan, and causing the article to be forced into the cul-de-sac or become imbedded in the cornea.

Always seat the patient in a good light with the head firmly supported, and if necessary use a good bi-convex lens for better light.

Evert the eyelid and remove the foreign body with a gouge or a probe wrapped with a small piece of sterile cotton. If the article is imbedded within the cornea, use considerable care so as not to destroy any more of the cornea epithelium than necessary, for so often suppurative keratitis is the result of an unskillful hand and too frequently permanent impairment of sight has been the result.

If this foreign body be imbedded in the conjunctiva, it should be grasped with a pair of forceps and the piece to which it is adherent, cut out.

If after the removal of any foreign body the brownish stain remains on the cornea, I would suggest that it be carefully scraped away, so that the healing process may be hastened.

Removal is, in this class of cases followed by considerable relief. In the majority of cases nothing more is required to be done. If pain persists, an ointment of cocaine and vaseline may be used, and if necessary a compress bandage.

Right here, let me beg you never to use "acetate of lead" in any of your after-treatments. It has been a very popular treatment in conjunctival inflammation, but wherever you get an abrasion the acetate is decomposed and a white precipitate is formed. Should such a formation occur on the cornea no possible treatment could remove it and the vision would be permanently impaired.

Accidents in the nature of burns to the conjunctiva and cornea often prove far more disastrous than the results of the primary symptoms, especially when they are due to the action of any chemical irritant, such as sulphuric acid or quick lime, etc., as the action extends far beyond the point of application and may bring about total destruction of membrane and extinction of sight.

The symptoms of burns or scalds are about the same. The severity depends upon the nature of the irritant and length of contact with the eye.

Burns of the globe are treated in the same way as acute suppurative inflammation. Where the burn is from a chemical irritant, special precaution is necessary. In the case of quick lime, the severity is dependent on the time it remains under the lid. The combination of the tears and the heat slacks the lime and increases destruction of tissues.

Remove it at once, evert the lids and douche with a mild acid solution or cold water.

After a burn from an acid, as in cases of vitriol throwing, flush with an alkaline solution. In all cases use an oily solution with an anaesthetic mixed therein. Castor oil and cocaine, aristol, oil and cocaine, a 5 per cent solution of chloretone in oil, almond oil and cocaine, are some of the prominent preparations. Apply one of these to the conjunctiva and put the patient to bed. Apply ice cold compresses to combat the inflammatory reaction in the first twenty-four or forty-eight hours.

When the acute symptoms have passed and the sloughs begin to separate, antiseptic solutions should be used. I would suggest using a 3 per cent solution of nitrate of silver.

Don't lose sight of iritic complication, and while using your atropine sulphate, don't forget that glaucoma is easily encouraged at this stage.

During the stage of repair, the greater attention must be devoted to overcoming all tendency to symblepharon. The adhesions must be broken with a probe and the lids drawn away from the ball, oil or ointment to be instilled between the raw surfaces.

Accidental wounds penetrating the cornea that do not extend to the lens or iris, leaving no foreign or infective substance, are usually fortunate in their outcome. Unfortunately, these foreign bodies usually have enough force to penetrate the deeper structures also.

Prolapse of the iris is a frequent result and if seen immediately gentle efforts should be made towards its reduction. Should adhesion have occurred it is best to cut off the protruding part.

Accident to the crystalline lens is one of the most serious conditions occurring. The puncturing of the capsule allows the aqueous humor to come in contact with the lens substance, thus causing great swelling of the fibres and consequent opacity. This is acute traumatic glaucoma and a paracentesis or removal of the lens will probably be necessary.

Accidents resulting in penetration of the vitreous are still more serious as infection and loss of the ball are the usual results.

Should the sclera receive a clean cut wound, you could suture the edges, but be extremely careful to make no pressure on the eyeball, causing prolapse of the vitreous.

Where an accident to the eye has rendered it useless and made it liable to certain infection, or where it is evident that panophthalmitis will follow, the eye should be enucleated as a matter of safety to the other one and to save the patient long and useless suffering.

To conclude, I will say, guard your prognosis. Keep in mind that no matter how small the accident, it may become serious if associated with blennorrhoea of the tear-passages and where either diabetes or albuminuria is present, it may give rise to grave visual disturbance.

No set rule or rules can guide us in the management of our cases. Our knowledge must come not alone from text books and State societies but from long and varied practical experience.

DISCUSSION.

Dr. W. H. Phillips: It does seem too bad to let a paper of this kind go through without at least some discussion, but unfortunately Dr. McCleary has left nothing to say; he has covered the ground so thoroughly himself.

The only thing I could say would possibly be to emphasize the danger in the case of a perforated wound of the sclera or cornea with a prolapse of the iris. This is a danger which many men who are not familiar with eye work do not realize soon enough, the danger of sympathetic ophthalmia. I mean that we occasionally find some one yet, some man who is not familiar with eye work, who will treat a perforated wound of the cornea or sclera where there has been a prolapse of the iris, and which has not been replaced, and not realize the danger until sympathetic iridocyclitis has destroyed the vision of both eyes.

It seems to me that it ought to be impressed upon every man who has an accident to treat in the shape of eye injury, that, if there has been a perforating wound of the eye, unless he is perfectly familiar with the ground on which he is working, he ought never to bother with an eye of that kind a minute. If he does, and if he is not capable of recognizing sympathetic irritation the moment it appears in the other eye, he will have an absolutely blind patient.



RELIEF TO EYE SYMPTOMS FOLLOWING TONSIL AND ADENOID WORK.

THOS. M. STEWART, M. D., CINCINNATI.

This paper proposes to show that the necessity for the reduction or removal of the overgrowth of glandular tissue, or adenoids, in the naso-pharynx, and reduction or removal of hypertrophied tonsils, is often necessary from an ocular standpoint as well as from distress classified by Parker as follows:

1. Nasal obstruction causing—
 - (a) Broken sleep, struggling for breath, nightmare.
 - (b) Anemia and general debility.
 - (c) Malnutrition and stunted growth.
 - (d) Headaches and poor memory.
 - (e) Snoring and noisy, rough breathing.
 - (f) Enuresis.

The foregoing symptoms are noticeable when the child tries to breathe through the nose.

2. Mouth breathing with the attendant chronic pharyngitis, sub-acute laryngitis, bronchitis, or croup.

3. The presence of adenoids (and enlarged tonsils), causing—

- (a) Thick speech of nasal (or throaty) quality.
- (b) Inability of infants to nurse.
- (c) Frequent colds or a chronically running nose.
- (d) Gastric disturbances from swallowing nasal discharge.
- (e) Epistaxis.
- (f) Loss of the sense of smell.

4. Reflex conditions sometimes due to the presence of adenoids (and enlarged tonsils).

- (a) Asthma.
- (b) Hay fever.
- (c) Stammering.
- (d) Epilepsy.
- (e) Constant cough.

In this latter classification should be included the eye symptoms, covered, in my clinical experience, by persistent conjunctivitis, or at least an annoying recurrent redness; fatigue of the eyes from but little use at the near point; phlyctenular troubles, probably due to gastric disturbances, see (d) division 3, as well as insufficient oxygenation from nasal obstruction.

The primary reason for the removal of adenoids is the nasal obstruction as well as the reasons enumerated in Parker's classification, slightly modified in the foregoing. The effect of these diseases on the formation of the jaw bones and on the conformation of the face is a subject for special consideration and is of itself a weighty argument for special attention to them.

In this paper we are not concerned with the contra-indications to operation, the time to operate, nor the methods and best instruments for the work, neither is the subject of the anaesthetic before us at this time.

The title concerns itself more with the results, in a particular sense, and these are often the subject of much concern with the parents. To the questions concerning the necessity for the operation, the chances for spontaneous cure, the dangers, the necessity for an anaesthetic and whether a recurrence may follow the operation; the question is added, what effect will the operation have on any and all the other complaints or symptoms?

With reference to the eye symptoms enumerated the operation will certainly have no untoward effect; that in every case the eye symptoms will be cured, no positive promise can be made, because the one great cross in medicine comes in at this point. We are not able, invariably, to say that we can cure this particular case, no matter if it is exactly similar to others, even many others, which we have succeeded in curing.

BUREAU OF OBSTETRICS

- C. C. Meade, M. D., *Chairman* Cincinnati
"Mechanism of Post Position."
W. E. George, M. D. Indianapolis, Ind.
"Forceps in Uncomplicated Cases."
C. Hoyt, M. D. Chillicothe
"Management of Second Stage Labor."
S. J. D. Meade, M. D. Cincinnati
"Third Stage of Labor and Complications."
C. E. Geiser, M. D. Cincinnati
"Anaesthetics in Obstetrics."
-

MECHANISM OF POST POSITIONS.

C. C. MEADE, M. D., CINCINNATI.

It is useless for me to express myself in the stereotypic language of those who have previously written upon this subject. I consider the position more difficult than all the other positions combined and the best friend on earth to the gynecological surgeon.

Why do some mothers have in consecutive births, posterior positions of the cephalia, and why do some mothers have them in some births and not in others? Authorities attribute the various positions to various causes. I personally cannot see much in any of the arguments produced and I dare say some one in this audience will have his or her idea which probably is foreign to them all. I believe habit and mode of living of different mothers may influence these conditions, but the prime cause is a deviation of the axis of the parturient pelvis, or something along the laterals of the same, disproportionate dimensions, or excesses or decreases in parturient forces.

In occipito-post positions, the first important step is flexion and moulding of the head, which is the same as the anterior posi-

tion, except that flexion is liable to be incomplete. The second important step is engagement and descent of the head and the latter is the important factor in posterior positions. It is here that it may become a tedious, long delayed anterior position. It is also here that it may determine itself to be a persistent posterior position with the vertex in the hollow of the sacrum and birth with occiput posterior by extension over the perineum, or impaction may occur or conversion of the vertex to a possible face presentation.

Anterior rotation occurs when the expulsive forces promote the moving head in the direction of least resistance with flexion. If the head does not have a good amount of flexion, the occiput drops back into hollow of sacrum. It may take advantage of its last opportunity and often will, down upon the floor, rotate anteriorly and save the perineum; if not, it fulfills all the requirements, characteristics and results of a persistent posterior position with prolonged labor and sometimes impossible child birth on account of impaction.

P. Dubois has pointed out the cause of these conditions and their results. The child's neck is not much over three inches in length; the posterior wall, from the promontory of the sacrum to upper margin of the perineum is about ten inches, five inches along the anterior border of sacrum and five more to the upper edge of the distended perineum. In posterior positions, the occiput travels over ten inches as just described and in anterior positions it travels over about two inches, the height of the inner surface of pubic arch. In the latter case, the head is born before the shoulders enter the pelvis, while, in the former position, no break can be expected in the straight and rigid mass of the fetus until the head and neck have traveled over the entire ten inches of the anterior sacrum and the height of the intensely stretched perineum, and is allowed to be born over the latter. This sort of delivery is not impossible if a constant and persistent effort of natural forces is combined with flexion. It is true the labor is extremely tedious, but by the tremendous bearing down efforts of the parturient woman, the occiput is enabled to climb up over the perineum with the face and forehead in contact with

the pubic arch, the occiput drops over the perineum and head is born by means of extension.

Should impaction occur, I mean should the shoulders have become swollen and partially entered the pelvis, we have one of the tragedies in midwifery. The child's head is chucked down into the shoulders, the combined dorso-sternal $3\frac{3}{4}$ inches and fronto mental $3\frac{1}{4}$ inches, giving a diameter of 7 inches that the uterine forces are attempting to drive through a pelvis whose average diameter is $4\frac{1}{2}$ inches. And this is not all. The length of the fetal ellipse, when the child is in normal attitude, is half the length of the entire pelvis, about 10 inches, and when the occiput has come to the edge of the perineum, the breech of the child has partially entered into the inlet of the pelvis and the uterus acts at a great disadvantage. It will readily be seen then what spontaneous or artificial birth of the fetus means to the mother, a complete loss of her perineal structure, uterine inertia and exhaustion.

If a posterior position terminates in a face presentation, the occiput has become arrested, the chin leaves the sternum and rotates upon a biparietal diameter, the head turns a somersault and becomes extended in the pelvic cavity, resulting in a face presentation of the mento-anterior variety.

It is useless to tell what is best to do in these cases. We all know prevention is the best cure, if possible. If not these children must be delivered by version, forceps or Cesarean section.



FORCEPS IN NORMAL CASES.

WILLIAM E. GEORGE, M. D., INDIANAPOLIS, IND.

The development of the obstetric art or science of the present day, from the early and instinctive customs of our savage ancestors down through the mazes of superstition, error and experiment, has been fraught with much needless suffering and peril to the parturient woman. It has been affirmed that labor is growing progressively more complicated, that the difficulties attending parturition are more frequent and serious than in the past and that the proportion of abnormal presentations is greater with each succeeding generation.

It is not our present purpose to discuss these allegations, although we might find much of interest in comparing the records of the past with those of the present.

However, such data are available to all alike, and to even review them briefly would consume more time than is proper or profitable.

Of the abnormal and unusual conditions much has been and will be written, all of which is highly important as well as interesting; but the only point which this paper is designed to cover is that of mitigating the suffering or reducing the hours of anguish of the large number of cases that run a reasonably normal course.

Probably ninety per cent of all cases will be found in this latter class, and to discuss a few phases of the average labor, leaving out the occasional abnormal one, is not to minimize the importance of a thorough preparation for the unusual conditions which are sure to be encountered from time to time.

Among our present-day women, especially in cities, where the sympathetic nervous system is more delicately organized and the muscular development correspondingly less energetic than among those who live a simpler life, there is a growing need for shortening the actual hours of labor, so that parturition may be accomplished with the least possible shock with its subsequent tardy convalescence during the lying-in period.

The twentieth-century woman has become so accustomed to having her physical burdens lightened and is so intolerant of prolonged suffering, that she does not, neither should she be expected to endure the pains of labor with the stolidity of her savage sister. We must meet the conditions as they are and not merely lament her lack of fortitude exhibited during parturition. It is probable that a knowledge of the suffering at this time is a potent factor in deterring many women from assuming maternity and that the full assurance that adequate aid could and would be extended during labor, might rob gestation of much of its terror.

The obstetrician should be in full sympathy with his patient, if possible guiding her daily life from the time of conception to its termination in labor. Much may be done to prepare her for the final ordeal, if a real interest is felt and shown; professional advice, to be productive of the best results, must be imparted by a mind free from sinister or sordid motives, and originate in a purely unselfish desire to be helpful.

If every prospective mother would regard her physician as her friend, reposing in him the trust that he ought to deserve, giving to him fully and freely her confidence, she could aid him materially in guiding her through many of the vicissitudes and over many of the obstacles incident to pregnancy and parturition. No physical abnormality should be overlooked or nervous apprehension lightly considered, as the degree of confidence felt in her accoucheur is the woman's anchor at the last and this confidence cannot be gained by indifference or ridicule upon his part. During pregnancy most women are subject to emotional disturbances or fears, quite at variance with their ordinary experiences, and these are not to be dismissed as trivial when it is possible by patient interest to allay such apprehensions or give assurance of their being groundless.

No obstetric aid has been more misunderstood by the laity than the use of forceps; even today it is not unusual to hear a woman say she "would rather die in a natural way than be killed by those horrible instruments," and yet, in skilled hands, no harm should ever come from the use of forceps, *per se*.

As a carrier of infection they are far less liable to inflict injury than are the hands, being subject to perfect sterilization, and no one thinks of conducting a labor without some manual aid. In tardy labors they can be introduced through an imperfectly dilated os with more ease than can two or three fingers, and by intelligent manipulation assist in dilatation.

They may be used without the administration of an anesthetic, giving little or no more pain than that incident to all labor. Rotation may be aided, the advance of the fetal head augmented, and molding of the cranial bones assisted, all without injury to the child and with no peril to the mother. Instead of regarding the forceps as instruments of torture, the woman who has been thus aided will look upon them as her friend and helper in future confinements, and fear will give place to confidence.

The young obstetrician should gain his experience in the use of forceps in normal cases rather than wait for the exceptional emergency only to find himself unprepared by reason of a lack of skill in manipulation or of confidence in his ability to use them. Thorough familiarity with the shape and axis of the pelvic outlet, together with the relation of the foetal head thereto, is an essential, and must be studied both in books and at the bedside; but once having mastered these points, there should be no embarrassment in applying the forceps in any head presentation.

With our present knowledge of pelvimetry no case should be approached without adequate data as to the maternal measurements, excepting, of course, those occasional ones when called upon for the first time after labor has progressed beyond the point where time will permit them to be made.

Every effort should be made to determine the probabilities of a normal labor, before active uterine contractions begin. "First, as to the woman's general condition and natural force. Is she, in non-pregnant life, hearty and strong or weak? Second, in her pregnancy has she kept her blood standard; what do the urinary tests show; has she taken enough muscular exercise to keep in good condition; has she grown anemic or edematous? What is the strength of the abdominal muscles; is the uterine wall

thick or thin; is there hydramnion; and always, what amount of probable dystocia has she to overcome? Many women who, on superficial examination look well, but who sit or lie down much of the time, go all to pieces immediately after labor and are invalids for a long time thereafter. They were mere shells of health, soft and only appearing to be doing well, living under such low vital pressure that there was no demand to disclose their weakness."

It is such as these, of whom there is a large number, who need the actual hours of labor shortened (although there may be no pelvic abnormality) in order to conserve their strength and add physical force during convalescence; for these the timely, even if actually unnecessary, use of the forceps is of great value.

In all cases of forceps delivery the presentation must be absolutely determined before the instruments are introduced to avoid injury to the child's face. If the amnion precedes the head and the "bag of waters" prevents the sutures being felt, the sac must either be opened or more time given for spontaneous rupture, after which one finger may be passed up alongside the child's head until an ear can be felt and the presentation thus confirmed. It is always possible to apply the blades without danger of lacerating the face, except in the "high application," where the head has not engaged, which takes the case out of the province of this paper. The forceps may be applied in the interval between pains; force should never be used and any resistance to their introduction, or undue pain on the part of the woman, should be the signal that the blade is not properly directed. If the "land-marks" have been accurately determined and the pelvic axis is considered, it is rare indeed that serious difficulty is encountered.

When the forceps have glided into place they should lock easily and remain so until disengaged; then, by using traction during pain only, rotating if required, assisting the occiput to pass under the pubic bone, or gently swinging from side to side, the head is advanced, slowly it is as compared with Nature's unaided effort, until the perineum is reached. The forceps

the perineal muscle may be thus better protected and its laceration prevented. In most cases, except where the final expulsive efforts of the mother cannot be retarded, the perineum may be peeled back over the head between pains, and its integrity preserved.

If rupture is seen to be inevitable, it is better to use a pair of blunt-pointed scissors and make a clean cut to one side of the raphe, which will unite better and give a stronger perineal body, than after a ragged tear down the center.

But in any event the forceps do not cause the laceration, and if the perineal muscle has been stretched and massaged by the fingers, supplemented by hot fomentations, before the head reaches it, there will be little danger of a serious tear, even in primiparae.

Lastly, but of importance, is the saving of time to the physician. Certainly this should not be considered if the welfare of the patient were in any degree jeopardized, but every obstetrician knows the frequency of uterine inertia, the weariness of waiting hour by hour, while Nature slowly and sometimes with feeble effort, accomplishes her work.

Why not, then, give the woman freedom from some of her suffering and send the doctor on his way to other duties when the forceps can be used to terminate labor more quickly and every whit as safely?

It is for these reasons that the plea is made for the forceps delivery, in many cases where it is not imperatively demanded by actual abnormality or difficulty.

DISCUSSION.

Dr. Meade: Ladies and gentlemen, the paper is open to discussion. Let us not have a man come all the way from Indianapolis to appear before the Ohio State Society and then not discuss his paper.

Dr. G. J. Jones: For quite a number of years I practiced obstetrics generally; I was supposed to be a specialist in that line for probably ten years, and I have never yet introduced the forceps into the uterine cavity for the purpose of dilatation or any other purpose. I think it is a dangerous procedure.

Dr. S. J. D. Meade: Mr. Chairman, I didn't hear very much of this paper; some of my friends back here haven't got through shaking hands and visiting yet, but I did hear the Doctor say something about the aid that may come to the patient by the use of forceps. I was very much impressed with that. I believe that almost every case delivered should be delivered by the forceps. If it is a normal, natural labor, and the obstetrician knows how to handle his forceps he will do no harm. The patient is instructed by the accoucher in the latter part of the second stage of labor to make haste slowly. At this point they will not make haste slowly and in a great many instances will rupture the perineum, where by the use of forceps properly handled the perineum may be saved.

Now in regard to applying the forceps when dilatation is not complete. If the os is flaccid and dilatable, you may introduce the forceps with impunity. You will not tear with the forceps any more than with your finger and I think not so liable as with the finger. It is a very good paper and I enjoyed what I heard of it very much.

Dr. W. A. Humphrey: I think this paper is an exceptionally good one. I agree with the greater part of it at all events. I cannot understand why the speaker who just preceded me should say in an ordinary case of patulous os it would be necessary to put the forceps in, unless there was some trouble with the pelvic outlet. But under ordinary circumstances, the forceps are the woman's best friend. I do not approve of applying them indiscriminately; neither does the essayist. But if the forceps are applied in everyday obstetric practice, with the one particular admonition that every man or woman who applies the forceps has a good surgical technique, he will not have any trouble, at least he will not increase his trouble, and the person who doesn't have an idea of what surgical technique means, has no business with a pair of obstetric forceps or any other operation which entails the possible solution of continuity of tissue anywhere. But with that particular thing well in hand, you ought always to benefit your patient with the forceps.

Dr. Meade: Dr. George, have you anything to say in closing?

Dr. George: Gentlemen, I said everything in the paper. I am very glad indeed to appear before you with this inadequate message, and I do not think that the discussion of the paper that requires answer.

While I am on my feet, if I am not out of order, I want to ask you all to come to Indianapolis to our State meeting on the 26th and 27th of this month. We are going to have a rousing big meeting this year and we are starting in with the idea of possibly getting the American Institute there one year hence. We had a meeting last night with reference to that and it is possible we may land it, and if we do of course you will all be there.

MANAGEMENT OF THE SECOND STAGE OF LABOR.

CHARLES HOYT, M. D., CHILLICOTHE.

The management of the second stage of labor only in the most simple multiparous cases where no possible *extra* damage can be done to the soft parts by rapid or careless delivery of the child, requires both skill and care on the part of the attending physician.

The management of this part of the labor makes or mars the whole future life of the mother, and upon the physician in charge of the case rests the responsibility for her future comfort and happiness to quite a degree. Therefore, we should be prepared to render the new mother the very best possible service at this critical stage of her labor consistent with the difficulties to be overcome.

As a rule, during the second stage of labor the patient should remain in bed, where she can occupy various positions upon either the back or sides as may seem best in each individual case, occasionally sitting up in bed for a while for a change and rest. The gown should be tucked up out of the way and a sheet pinned around the waist like a skirt for protection to the patient and the bed. During each pain, excepting in very precipitate cases, the patient should be encouraged to hold her breath and bear down and should be given something to pull upon in order to save wearing out the attendants by pulling at them every time she has a pain. Sometimes the pains in the sacral region during this stage of labor are so distressing that they become almost unbearable. This condition can be greatly benefited by osteopathy so-

called, or in other words, by using pressure on each side of the spine along the lumbar and sacral regions with the tips of the fingers, and at the same time pulling the deeper tissues away from the spine.

I am also a firm believer in the use of chloroform during this stage of labor; when the pains become severe and forcing, I use the ordinary Esmarch inhaler and drop on it a little chloroform, letting them inhale during each pain, but never to the extent of complete narcosis.

By giving it in this manner, the acuteness of the pain is relieved and it allows the patient to bear down to better advantage with every pain and is entirely free from danger to either mother or child. My favorite position for the mother during this stage of labor is upon her back with the head and shoulders pretty well elevated so that they really occupy a half sitting position. When the head reaches the perineum she should occupy a more reclining position and, after the perineum begins to be distended and the delivery of the presenting part near at hand, the patient should occupy a position upon her left side so that the physician can have the patient and the presenting part of the child entirely under control. Sometimes labor is hindered and retarded by a failure of the bag of water to rupture at the proper time. When this occurs and dilatation is complete, the bag should be ruptured by the physician. Vaginal examinations should be made as infrequently as possible, owing to the danger of infection. After the case has been carefully examined in the beginning of labor and the position of the presenting part properly diagnosed it will not be necessary to make very frequent vaginal examinations, as the progress of labor can be quite accurately ascertained by external palpation.

The most important feature in the management of the second stage of labor and the real reason for selecting it as the subject of my paper is the prevention of injuries to the pelvic floor. Various authorities, I find, agree pretty closely on the subject of injuries to the pelvic floor in general practice as being per cent in first deliveries and about 10 per cent in

labors. Even with this statement from the best authorities on the subject, I shall expect in the discussion of this paper to hear some brother practitioner of large experience say that he never in all his practice had a torn perineum and attribute his remarkable success to the free use of lard or some other particular manner of handling these cases. In spite of the most skillful efforts of the best obstetricians on earth in first labors, with a small vulvo-vaginal opening, the parts more or less rigid, lack of vitality of the tissues and limited elasticity and a large child with a Daniel Webster head, there is bound to be more or less injury to the perineum and pelvic floor in a certain per cent of cases, and the one way to *not* find them is to not look for them, and rub your hands together and tell the patient and friends that she got through all right and was not torn a bit. To deliver these cases in the best manner and with as little damage to the soft parts as possible, by using all the knowledge and means at our command, is certainly our duty as physicians, and even then we shall fall far short of obtaining the ideal results for which we should all anxiously strive.

Much that has been done and recommended to prevent perineal lacerations is positively of no benefit whatever and in many instances is pernicious. When we consider that these ruptures are due in most instances to the fact that the presenting part that is to pass through the vulvar opening is larger than this opening can possibly be stretched, it is plain to see why preventatives do not prevent and consequently something must give way.

There is a great difference in the tissues of different patients in regard to resistance and strength and ability to stretch. It is the general opinion of most obstetricians that the free use of lard and other lubricants in the vagina and over the perineum is helpful in preventing lacerations of the soft parts. We have no positive evidence on this score, but simply opinion. However, it is a simple measure that does no harm and possibly some good and, therefore, should be used. The use of hot sterile napkins applied to the perineum continuously after the head begins to distend the soft parts, using one-half teaspoonful of creolin to the quart of hot water and napkins wrung out of this solution, will, on account

of the moist heat, certainly help to relax, soften and dilate the parts and put them in the best possible condition to stand the heavy strain that is to be put upon them. Now, having put the soft parts of the mother in the best condition possible, our next duty is to exercise control over everything that tends to the safety and welfare of both mother and child. The mother should, during the last part of the second stage of labor, occupy a position upon her left side with her knees separated by a pillow or held by an attendant, with the physician seated by her side on the bed facing the foot of the bed, his right hand behind the patient's buttock and the other in front between the patient's legs. In this manner both the physician and patient are in the best possible position to control the delivery of the child and regulate the rapidity of delivery, and this is the one great point in preventing rupture of the perineum. The rapidity of delivery can be regulated and at the same time with the right hand pressing against the child's head, it can be firmly held against the pubic arch and also be prevented from making extension until the occiput is well out from under the pubic arch so as to keep the smallest circumference possible in the grasp of the resisting girdle and the propelling force in the right direction. In this manner the head gradually advances and again recedes, finally molding the soft parts until the head can be permitted to pass through in safety. Some authorities recommend introducing the finger into the rectum so as to pull the perineum forward or with the right hand attempt to press on the back part of the buttocks, pushing perineum and all the parts forward, but any advantage to be gained by this procedure is very questionable and certainly not aseptic.

Others support the perineum by pressure applied in various ways either directly against the thinned-out perineum or on each side of the vaginal opening, but it is a question if all of this meddlesome interference does not do more harm than good and more often cause the perineum to be ruptured than prevent it. The Osteopaths practice making pressure with the fingers on each side of the clitoris during pains, claiming for this procedure it causes greater dilatation of the vulvar opening and thus prevents rupture of the perineum. Whether there is anything to be

by this procedure or not I am unable to say, but it is firmly believed in by the practitioners of osteopathy. When the soft parts become quite distended, the patient should be cautioned against bearing down too suddenly and violently. At the same time chloroform should be administered as has been indicated, but not to such a degree that the patient will not understand and obey your commands. When every intelligent method has been applied to prevent rupture and it becomes apparent that the head cannot be delivered without a severe rupture of the soft parts, no method yields better results than episiotomy rightly timed and properly performed, as after these simple cuts are repaired, the soft parts are left in good condition. The operation is a very simple one and the only instrument needed is a blunt pointed knife or a pair of scissors so that the tense ring can be divided on each side parallel with the long axis of the mother's body. After the head is delivered, it should be held in the hand and kept in the axis of expulsion and care used in the delivery of the shoulders. As a rule, the delivery of the body is left entirely to nature.

The time for tying the cord is a matter of considerable moment to the new born child, as it is generally conceded that the infant will be stronger and better and shrink less in weight if a few minutes are allowed to lapse before tying the cord or until the pulsations in the cord have partially or entirely ceased. I use the narrow linen bobbin for ligature material for the cord and tie the cord about one-half inch from the cutaneous border. It is good practice before tying the ligature to grasp it with a sterile pair of forceps and compress it tightly.

This really completes what is comprehended under the term "second stage of labor," but before closing this paper I desire to add just a word on behalf of the new mother after the completion of the third stage of labor and the physician in many instances considers his work completed. It is this—to insist that in every case either the physician himself or the nurse bathe the patient carefully about the hips and vagina and then with a good light, either artificial or natural, examine the case carefully and see if there is any injury to the soft parts. If there is a tear of any consequence, sew it up without delay, using chromicised catgut

or other suitable suture material, depending upon the extent of the rupture. A poor job of sewing in an attempt to repair a ruptured perineum is better than to make no attempt to do one's duty in a case of this kind. I believe one of the greatest crimes among general practitioners who practice the obstetric art is the leaving of their patient after labor without attempting by an ocular examination to know before leaving the bedside of their patient whether she has suffered any injury from her delivery, and if so, of repairing same without delay. To neglect this duty I consider a crime and one that should be punished by the husband with a club wielded by a good strong right arm on the top-piece of the physician who would be responsible for starting a case of chronic invalidism in his household.

DISCUSSION.

Dr. Meade: We are now ready for the discussion of this paper.

Dr. H. F. Biggar, Jr.: Mr. Chairman, Dr. Hoyt has brought out many excellent points in his paper, nick-nacks, that I think we can all profit by especially in connection with applications to the soft parts. I would like to add just one thing that has been of great service to me, and that is, before the head comes down into the soft parts, the application of an inunction consisting of five per cent cocaine and thirty grains of chloral to the ounce of vaseline. It not only nullifies the pain, but the action of the cocaine relaxes the muscular fibres and makes the second stage easier.

Another point that Doctor Hoyt brought out was position of the patient in the second stage. Only twelve days ago I had occasion to think very deeply on just that point, having as a patient a primipara who from pelvic measurements anticipated going to the hospital for the Cesarean section. The labor came on suddenly, perhaps two weeks after her calendar time as she had recorded it, and it was a very hard labor. And when it got to the point in consultation, we thought it was time to run for it, either for episiotomy or Cesarean section, we adopted the position with the inclined table and hips resting on the left side, dependent, and by that method, within the space of a half, when the head had passed the promontory.

reversed the position into an exaggerated lithotomy and the delivery was accomplished without any untoward symptoms.

Dr. Beebe: I would like to emphasize one point referred to. The obstetrician is too apt to think when the head is delivered that there is no further danger of rupture to the perineum, and as the author stated, he is very liable to let nature take its course after the head is delivered. There is no doubt but that the perineum is frequently ruptured after the head is delivered by the shoulders and more particularly by the hips.

Dr. L. K. Maxwell: I just want to say that there are cases, Dr. Beebe, in which after the head is delivered, there is no further danger of rupture to the perineum.

I had a case about three years ago in which the patient had been in labor for about eighteen hours, the forceps had been applied and they didn't seem to stick well, they would slip off, and a neighboring physician was called in and in about fifteen minutes he delivered the head from the superior strait to the inferior and through the perineum, and after he had delivered the head there was no danger of rupture at all from the shoulders. That perineum was torn clear through the sphincter, and a vaginal tear on either side, on one side extended clear to the cervix and on the other nearly so. It was the worst laceration I ever saw.

This occurred in the night, and I was called in the next morning and made an immediate repair and got very fair results in the rectal sphincter and later had a secondary operation and got very nice results.

Dr. H. H. Baxter: There is one complication occurs, fortunately—I think rarely, which is the cause of some interest at least, and that is the shape of the child's head. The parietal bones fail to lap over each other, and consequently the head emerges from the vagina perfectly round and wide at the occiput or in the posterior portion. That I think occurs rarely, but it does occur, at least it has done so with me and it is a condition with which I confess, I do not know how to deal successfully to prevent a rupture of the perineum. I think when that occurs you have a torn perineum invariably and unavoidably. I have not seen this condition described or mentioned anywhere, but I would like to know if anyone else has had a similar experience.

Dr. Meade: Is there anyone able to enlighten the Doctor on this particular subject?

Dr. Humphrey: Just one word I would like to add to the paper and that is concerning the condition of the pulse of the

mother during labor. There is no one symptom presents itself in labor to which I attach more importance as to the outcome or the subsequent condition which will follow, than that of the pulse. If we have a high, quick pulse, I always feel that we are in danger of some complication, such as hemorrhage. As soon as the woman has a strong regular pulse, anywhere near normal, within ten beats, I feel fairly sure we are going to get through without the mother being exhausted or without any serious danger to herself to follow.

Dr. Meade: Dr. Hoyt will close the discussion.

Dr. Hoyt: I have nothing particular to say, any more than to refer to an article I saw a few days ago, which I think was a very good suggestion along this line. It was carrying out the idea I had in my paper, that each case should be carefully examined after labor and if rupture has occurred the physician call then to his assistance some man whose ability along the lines of gynecological work could not be questioned and let him take the case and do any necessary repair work, making the apology for the attending physician that he had probably gone through a long and exhausting siege and was really not fit to take care of the case. Then let him, the specialist, do the proper repair work on the perineum. I thought that was a very kind suggestion, and I think we ought to be perfectly glad and willing to call someone in to help us out. I don't know that it is any disgrace that we should call to our aid someone to do this work, particularly so if we are tired out, but more particularly so if we don't know how to do it. If the physician is thoroughly competent to repair these damages and tries to do it, I think it is all right. Of course it is cheaper for the patient, but I don't think we ought to let a money consideration deter us from seeing that the patient is properly cared for after labor.

THE THIRD STAGE OF LABOR AND SOME OF ITS COMPLICATIONS.

S. J. D. MEADE, M. D., CINCINNATI.

The third stage of labor may be subdivided into three stages: First, detachment of placenta and membranes consequent to contraction and retraction of the uterus, the escape of blood between the uterus and placenta materially assists in this detachment; the membranes are detached by the weight of the placenta and expelled with it by uterine contraction and the forces of gravity. Second, the placenta is expelled into the vagina; usually the fetal surface presenting, but it may come edge ways or the uterine surface come first. The two last presentations indicate abnormal insertion. Third, the placenta and membranes are expelled from the genital tract.

It is not good practice to hasten the delivery of the placenta and its membranes; injudicious traction sometimes tears the cord and brings on hemorrhage and causes retention of the membranes and inversion of the uterus. When the placenta is in the vulva traction may be used, gently pulling it backward, forward, then horizontally, grasping the uterus in readiness to compress it and thereby force clots of blood down against the placenta, assisting in its expulsion. If the membranes do not come away with the placenta throw a ligature around them and wait for contraction of the uterus, observing all the while strict vulvar and vaginal asepsis; it may require twenty-four hours for the membranes to be delivered.

Complications—It is not easy to determine the line of demarkation between expulsion and retention; and I am not able to say at just what time I would interfere; it would depend upon whether or not I could leave my patient. If she were near my office and I felt it safe to go on my rounds, feeling sure that I could get to her within a few minutes, if need be, I would assume the expectant attitude; but if late at night and far from my office, I should not feel safe in leaving my patient till the uterus is emptied of its contents. So long as the os is patulous there can be no retention; but if the os is suffering from tetanus reten-

tion exists. Retention may be total or partial; total is very rare. Causes: Uterine spasm is the most frequent. In some cases the entire body of the uterus becomes tetanized; sometimes the obstacle is at the internal os, which is closed and the placenta retained in its entirety in the uterine cavity or it may be jammed down against the cervical canal. One particular portion of the uterus may undergo spasmodic contraction, dividing it into two parts, separated from each other by a ring of contracted tissue, hour glass contraction. In this condition the placenta is tucked away in the upper segment; it is said to be encysted when retained in its entirety, incarcerated if a part of it projects through the neo-aperture; this is explained on the assumption of paralysis of the uterine muscles at the seat of placental insertion; the uterine fibers at this point go on contracting and retracting till they imprison the more or less detached after-birth. Uterine inertia is another cause; by reason of fatigue in a protracted labor or great distention of the uterine muscles consequent to hydramnios or twin pregnancy or very rapid delivery. Abnormal adhesions caused by placentitis, endometritis, uterine tumors and isolated cotyledons may also be a causal factor.

Assistance to be rendered in the third stage of labor.—Writers on this subject say: Never give ergot till the uterus is empty. There are eight words in this sentence; only three of them are needed: *never give ergot*. Make haste slowly; the delay may be due to temporary inertia, no hemorrhage need be feared; the uterus is soft, ill defined and does not contract; nothing is to be done but gently knead the abdomen. If retention is diagnosed, proceed at once according to the rules laid down by our standard text books; be sure that the word *asepsis* is written in bold-face type before your eyes and do not jeopardize the os. If one or two fingers can be introduced with care into the cavity the others can be gotten into the uterus by grouping the fingers into a cone, then search for everything that may be there before withdrawing the hand; follow the cord up to the placenta, push the fingers through it, reaching its edge or by insinuating fingers between membranes and uterine wall, where a small detached portion may be found which gives a start in the peeling-off process.

Keep the left hand on the fundus, it holds it in place and tells us the thickness of the uterine walls, their resistance, etc. Many times the mere introduction of the hand excites the uterus to contraction, forcing down the placenta so that all we have to do is take it away. In other cases the adhesions resist and the right hand is used, facing according to where the placenta is inserted; should insertion be on the posterior wall, it will be reached by the ulnar side of the hand, working from left to right. If attached to the anterior wall the radial side of the hand will come into play; if to the fundus, it is detached by the ends of the fingers; detach always by separation and not by traction. This mode of procedure serves the purpose as a rule, but it is not always possible to conform to any set method in this work. The adhesions are sometimes so difficult to overcome that even in a necropsy they must be severed with a knife, the uterine and placental structures having merged into one. In such cases, we must attempt to knead and break up piece by piece, the various cotyledons, removing each fragment down to the uterine wall. In spite of all careful inspection, even when placenta appears to be intact, aberrant fragments of the after-birth may remain inside the uterus without anything to lead us to suspect their presence; and the very first symptom we have of their existence is a late hemorrhage; or we may have a rise in temperature and a fetid lochia. If the uterus is thoroughly curetted by use of the finger nails gently while the placenta is being removed, we will have used our best safeguard.

Inversion of the uterus is one of the rare complications of a third stage of labor. Traction on the cord, expression of fundus and inertia are the prominent causes of this condition. Cases are recorded where inversion has occurred when the case was left entirely to nature. The inert segment of the fundus seems to be grasped by the contraction of the rest of the viscus and gradually extruded. When the inverted uterus has entered the vagina the fingers outline a rounded tumor, base downward, more narrow above the tumor, surrounded by a collar at the upper part, forming a projection which eventually prevents further exploration. If the placenta be still adherent, its fetal surface can be felt. If

it has been expelled, we feel an irregular, boggy, more or less rounded mass, impinging on the smooth tissues that surround it. If inversion is complete and placenta adherent, the rule is, remove placenta and reduce inversion; if incomplete, reduce and then remove placenta after the uterus has been stimulated by gentle massage till in a good state of contraction. There is some ground for speculation as to whether or not it is best to remove the placenta before reduction when inversion is complete and the placenta adherent. It may be argued that removal of the placenta tends to reduce the size of the tumor which is to be gotten back into the pelvis through a more or less contracted cervix; but on the other hand its removal may bring on hemorrhage which is alarming, should the difficulties inherent to reductions delay its execution for any length of time. When the placenta is partially detached always remove it before reduction and do it quickly, as reduction becomes more and more difficult the longer we wait because the volume of the uterus gradually increases, while the cervix steadily contracts so as to render passage almost impossible.

Reduction.—Grasp the tumor with the right hand, push and squeeze at the same time tips of fingers are in the cervical canal, dilating it; the left hand is over the hypogastrium guiding your efforts. When reduced, the rounded fundus can be felt in its proper place; for a few minutes it is advisable to let the right hand remain in the uterus till contractions begin.

Hemorrhage.—If a gauze tampon be inserted into the uterus after delivery of the placenta there will be no excessive hemorrhage; at least that has been my experience. Formerly I was opposed to this treatment on theoretical grounds. I feared it would interfere with the proper retraction of the uterus and I feared infection, but experience has taught me it is a method of great value. If confronted with a case of active hemorrhage before I have had time to tampon, I insert my right hand into the uterine cavity and use my left on the fundus and in compressing the abdominal aorta. Hot water injections, styptics, normal saline solutions, etc., have disappointed me in active post partem hemorrhage.

ANESTHESIA IN OBSTETRICS.

C. E. GEISER, M. D., CINCINNATI.

Before considering the modern application of anesthetics, I will mention briefly some ancient methods. It is claimed that the deep sleep which the Creator caused to fall upon Adam is the germ of the idea of anesthesia. The ancient Assyrians practiced the method of compressing the carotid artery before operation; the literal translation of the word carotid meaning, "artery of sleep."

The Egyptians used Indian hemp and the juice of poppy to cause a patient to become drowsy. The "sorrow-easing" drug which was given by Helen to Ulysses, as told in the fourth book of the Odyssey, consisted of poppy juice and Indian hemp. Before the Christian era, the Jews were accustomed to ease the death and agony of crucifixion by giving the accused some "wine of the condemned" upon a sponge. The wine which was offered to Christ before nailing Him upon the cross, was a narcotic given to lessen the pain.

The earliest reference to anesthesia by inhalation is found in the works of Herodotus. He states that the Scythians produced intoxication by inhaling the vapor of a certain kind of hemp, which they threw upon the fire or upon stones heated for the purpose. At the siege of Troy the Greek surgeons used anodyne and astringent poultices to ease the pain of the wounded. An extract from Homer's "Iliad" will show that, while the Greeks had no actual knowledge of anesthetics, they found from experience the advantage of cleansing the wound and applying an astringent and anodyne dressing.

There is no medicinal plant around which cluster more mysterious and quaint associations than the mandragora. The Babylonians used it more than 2,000 years before Christ. A figure cut from the root of the plant was used as a charm against sterility. Judging from the story of Rachel, related in the Book of Genesis, the Hebrews had the same belief. The supposed likeness of the root to the human form, together with the German legend that

the plant grows best beneath or near a gallows, nourished by the flesh and blood of the dead, gave rise to many of the superstitious ideas. The first mention of the mandragora atropa as an anesthetic was made by Dioscorides in the year 100. He says: "Eating which (referring to the drug) the shepherds are made sleepy. Three wine glasses of a liquid preparation of the root given to those about to be cut or burned, takes away all pain."

In the 15th century, the method of producing anesthesia by inhalation of the volatile principles of the drugs was revived by Hugo of Lucca, a Tuscan physician. He used the sleeping sponge as a method, mixing opium, hyoscyamus, hemlock, mandragora, ivy and mulberry in a vessel and placed therein a sponge—allowing to boil until the sponge had absorbed the mixture. After placing the sponge in hot water, it was ready to be applied to the nostrils of the one who was to be operated upon. Shakespeare often refers to "drowsy syrups" to allay pain. According to Bartolinius, during the Middle Ages, local anesthesia was produced by freezing, thus foreshadowing the use of ethyl chloride.

It can thus be seen that from the dawn of Creation, anesthesia for surgical operations has been practiced to a certain extent, but owing to the uncertainty of the action of the narcotics and palliatives and the danger attending their use, the practice seemed likely to fall into disuse. However, a series of discoveries in chemistry created a new epoch in the history of anesthetics. Priestly, in the year 1767, adopted a plan of administering gases and vapors by inhalation. Beddoes recommended the inhalation of oxygen, hydrogen and other gases in the treatment of diseases.

The first published account of the use of ether was made by Morris, in a paper read before the Society of Physicians in London in 1758. From this time ether took its place as a general anesthetic. To Prof. Simpson belongs the credit of introducing chloroform as an anesthetic. In 1847 he and his two assistants tried it upon themselves.

The actual administration of an anesthetic to an obstetrical case differs very slightly from the method employed in any other case. Women, as a rule, are more easily anesthetized than men.

Age has but little to do in the administration—the important point being the consideration of the general physical conditions at different periods of life. The extremes of life offer no contra-indications to the administration of anesthetics, though different anesthetics and their manner of administration must be considered.

Chloroform has been the favorite anesthetic for labor cases ever since its discovery. It is the most satisfactory drug for short obstetrical anesthetics. A protest, however, should be used against its general use. Chloroform holds first place in allaying the pains of labor, but when obstetric surgery becomes necessary, ether may sometimes have to be used. In general terms, chloroform is a greater circulatory depressant than ether, therefore, it should not be used in shock, anemia or cardiac lesions. When prolonged, chloroform produces fatty degeneration of the heart, kidney and liver. Try to quiet and console the patient, and relieve apprehension as much as possible. Fright acts as a decided cardiac depressant, deaths having occurred before the anesthetic was begun. In the administration of chloroform the vapor must be well diluted with air—a 2 per cent vapor being sufficient to cause profound anesthesia. It should be carefully given, drop by drop, on an Esmarch mask. In ten or twelve minutes the patient is ready for operation, the face is pale, the respiration tranquil, the pulse usually slow, the pupils moderately contracted, yet mobile, the muscular system relaxed, the conjunctiva insensitive, and the eyeballs fixed.

Ether is not well taken by asthmatics, or where there are constrictions or growths in the air passages—in fact, where there is any abnormal condition in the respiratory tract or a lesion in the kidney. The selection of an inhaler for the administration of ether rests with the anesthetist. I prefer the open method, the simple mask, with the one layer of hospital lint over the wire screen. In this way ether can be given, drop by drop, the pupils and the color of the face being seen at the same time. The drenching method is not to be recommended. Commence with a few drops of ether, allowing a free mixture of air, until the respiratory tract becomes accustomed to the vapor. There is a horrible

sense of suffocation when the drenching method is used, causing great resistance on the part of the patient.

During the first stage, the beginning of ether anesthesia, the patient should be asked to breathe naturally, the respirations gradually becoming deeper, more rapid and noisier, the pulse fuller and quicker—the pupil gradually dilating, yet mobile. The second stage is the stage of excitement, the patient seemingly being intoxicated—singing, talking or shouting. The face is flushed, the skin moist, the conjunctiva injected, the pulse full and bounding, the pupil fully dilated, yet mobile. Finally the breathing grows more regular, becoming deep and noisy, muscular relaxation and unconsciousness occur, the cornea becomes insensitive, the pupil gradually coming down to the so-called “pin point.” This is the third or operative stage, which in my opinion is too profound a state of anesthesia. Allow the patient a little more air, causing the pupil to enlarge a trifle, the breathing to be not so deep and noisy—avoiding, however, the signs of approaching sensibility—namely, lid reflex, vomiting and rigidity. This is the ideal stage, the so-called “on the edge,” with a medium pupil, which reacts sluggishly to light.

In the second stage of labor, chloroform is preferable if an anesthetic is needed. Give a few drops at the onset of a pain, continuing until the acme is reached, when the mask should be removed. This is repeated at each pain, if the pains become unbearable. This promotes labor, relaxing the parts, and allowing the patient to help herself, when the edge of the pain is removed. When the fetal head bulges the perineum, and is about to slip over it, the anesthetic is pushed to the surgical degree, thus preventing the rapid expulsion of the head. As soon as the head is born, the anesthetic is stopped.

For version, high or low forceps, or repair of perineum, chloroform or ether may be used, depending upon the condition of the patient. Curettement following abortion, Caesarian section, placenta previa, craniotomy and symphysiotomy, especially when prolonged, are best done under ether anesthesia, as the patient is usually worn out and oftentimes anemic. Eclampsia is best antidoted by the use of chloroform.

Of late a number of new anesthetics have come to light, amongst them the scopalamine-morphine combination. After careful experimentation, it was found that only one-third of the patients were susceptible to the drugs; that robust, nervous or hysterical women were little affected, oftentimes made worse and that the aged and those suffering from chronic debility were the only favorable patients. Abbott's hyoscin-morphine-cactine combination has given better results, although it has its objectionable features. If the patient has had a long and tedious labor and has become exhausted, a tablet either hypodermically or by mouth may be given. This will quiet the pains, allowing the patient to rest and recuperate. Should complete anesthesia be required, a few drops of chloroform or ether will be all that is necessary. The objectionable features of this anesthetic are that it delays labor, reduces the respiration to as low as six per minute, and at times causes asphyxia or even death of the child. The dose is half a surgical one, and should not be given until labor has reached the second stage.

DISCUSSION.

Dr. Meade: The paper is open for discussion.

Dr. Hoyt: Mr. President, I want to say one word about this Abbott tablet. I think that those who are not familiar with the use of this tablet ought to become so in cases of obstetrics. I think it is an exceedingly dangerous tablet for the unborn child. Unless you have a pretty prompt delivery, eight times out of ten after the child is born it is dead or practically so; you may be able by artificial respiration to bring it back to life, but it is going to give you a lively wrestle and in a good many instances you can't do it. If you can get through labor quickly after giving it hypodermically the child probably will be all right, but if you give this hyoscine, morphine and cactine tablet and the labor is prolonged, you will be almost sure to have a dead baby. I think we ought to be very careful about using it even in the small dose of one-eighth grain that they recommend now; they are getting more careful themselves, because they confess that they are hearing complaints from all parts of the world along this line. Those who have not had experience in the use of the Abbott tablets had better steer clear of them.

(A voice): How ought they to be used?

Dr. Hoyt: The best way is not to use it unless the case will be delivered in a half or three-quarters of an hour after you give it; if labor is prolonged three or four hours, the baby will be dead in at least half the cases.

Dr. Walton: I have given the one-quarter grain tablet when the os was dilated at least two inches; then there is not much danger of a prolonged labor. We need to have some rule. If you get the proper amount of narcosis, there is no danger to the child.

(A voice): What is your rule, Doctor?

Dr. Walton: The os should be dilated at least two inches.

Dr. Hoyt: I am glad you said at least. That reminds me of my instructions in obstetrics: our professor said "Don't leave the woman's bedside after the os is dilated the size of a dollar." I have seen them go twenty-four hours after the os was dilated the size of a dollar. I don't think you can tell in any individual case how long that labor is going to go after the os is that size.

Dr. Walton: You don't judge by the size of the os; you judge from what the woman is doing.

Dr. C. O. Munns: Lloyd's Leontin, ten to thirty drop doses, is a very reliable remedy to increase the expulsive power of the uterus. I have found the H. M. C. combination a safe and reliable remedy to lessen the suffering from severe labor pains; I give it in doses of one-sixteenth to one-eighth grain, repeating with care to get the desired effect. Over dosing causes the trouble reported here.

Dr. Biggar: I would like to emphasize the danger of the Abbott tablet. I agree with Dr. Hoyt; I wouldn't use it at all in obstetrics and it should be used very sparingly in any case, and I believe it is gradually being discontinued. In regard to Dr. Walton's rule, on the size of a dollar, there are times when a dollar looks pretty large. (Laughter).

Dr. Cutter: If labor will be completed in three-quarters of an hour, what is the use of giving it at all? If you feel assured that your patient will be delivered in three-quarters of an hour, why not use your chloroform and soften down the pain and allow the patient to be delivered naturally and normally. It seems to me that we as physicians are too easy marks for the pharmaceutical houses at the present date. The pharmacists concoct some of their compounds and place them before us doctors and we swallow them literally, because they say so. And we all know

that we are using in hyoscine one of the most dangerous drugs it is our privilege to prescribe, but when it is combined with cactine and morphine and advocated by the Abbott Alkaloidal Company we use it when we were afraid to prescribe hyoscine hydrobromate alone. Since it has been advocated by the pharmacists and put upon the public, I have no doubt many babies have been killed and it is possible many mothers hastened to an untimely grave by the use of morphine, cactine and hyoscine hydrobromate. If anything has to be given to quiet the woman's pain and to stop labor for the time being, to give her time for her muscular system to recuperate, why not give morphine alone? That we know and have experimented with in times gone by and we know that in proper dosage it has no injurious after affect, but we know little about what hyoscine is going to do. If you find it necessary after delivery to repair the cervix or the perineum or to do any operative measures whatever, then give chloroform. What little experience I have had with these tablets has been to discredit them altogether and depend on what we have had before.

Dr. Siemon: I am entirely in favor of an anesthetic in connection with labor, but I am constrained to believe that if someone would invent a first-class anaesthetic for the family instead of the patient, it would be a very good thing. Now we are getting altogether too much in the habit of meeting the woman half way on this proposition of checking the pain, and we are tending in the direction of destroying her self-reliance and her powers of endurance. There is nothing like a first-class pain to deliver a child and women to a certain extent should be encouraged in the promotion of first-class pains. Why it is getting so that the first question the woman or her mother-in-law asks when she comes to engage you is "Do you give chloroform in labor?" The very last thing they ought to ask you, as a matter of fact, the thing with which they should be entirely unfamiliar. We are teaching them bad business. We are teaching them that they shouldn't have any pain. I don't know how many of you believe in the scriptural statement, "In sorrow thou shalt bring forth thy young," but it is the truth just the same, and a good labor is the labor where we have first-class pains, frequently repeated; and while we do, sometimes to quiet relatives and incidentally keep the police from coming in on us, give an anaesthetic, it is a very grave question in my mind whether it is always the best thing to do. I think we have a duty toward this parturient woman, and that duty is to teach her a little fortitude and a trifle of endurance, and instead of that we are advising anaesthetics and condemning them after they have been used a reasonable time.

As to H. M. C. combined, I agree with Doctor Hoyt. I made the statement once I believed it had a bad effect on the child. We know that morphine is a bad drug to administer to a child, and inasmuch as the effect of morphine is manifestly through the circulatory medium, through the blood, we are feeding directly into the body of that child a poisonous preparation and we explain to the family the death of the child on the general proposition that the labor was prolonged and consequently severe. Now how many of us have contributed, if you please, to the death of that child, by the administration of morphine, combined with other things, we may never find out till we get above.

Dr. A. S. Rosenberger: How about the indicated remedy? I believe it is unpopular in this crowd. Anaesthesia in obstetrics; I have had a little bit of experience in this line, but my experience is past and gone, I am out of the business now. But for twenty-five years I practiced medicine and there was nobody in our neighborhood that gave an anaesthetic of any kind. For myself, I treat as best I can by giving the indicated remedy. Now I want to tell you, gentlemen, there are a great many cases that get chloroform that ought to have nux vomica and chamomilla, and I have seen the os dilate in an hour's time almost entirely on a dose of gelsemium, 30 to 200th. We are grasping after the things that the pharmacies are making up for the doctors in this age of the world. An agent came into my office the other day and he talked about his preparations; he had this and that, and the doctors were all using them. He said: "Your homeopathic doctors are buying them by the wholesale." I told him I didn't believe it; there might be somebody professing to be one, but the genuine *homeopaths* are not buying these proprietary preparations with which the country is being flooded today. The homeopathic doctor is studying his materia medica and is finding the remedies that will meet the case. Many a time I have relieved a case with chamomilla and brought about the proper results without any chloroform or morphine and the cases got along splendidly. We sometimes stay a little longer now. If the doctor stays three hours now he is in a hurry and the case must be hurried. I tell you it is the *doctor* that is rushing the case; it is not the patient, nine times out of ten. Let us look up our materia medica and bring that to bear upon our case and we will have healthier women and we will have healthier children born into the world. (Applause).

(A voice): I want to congratulate that man. This society so far as I have heard any discussion here, has been too much like an allopathic society. That is the first homeopathic sentiment

I have heard. I have practiced a good while and I have never used anaesthetics and I haven't lost my patients either.

Dr. Lincoln Phillips: I would like to know if Dr. Siemon hasn't been reading the new version of the Bible.

Dr. H. E. Beebe: We know Doctor Siemon is a very young man and his quotation of scripture reminds me of one time at the old University Heights College at Cleveland. Professors Wilson and Sanders were debating the question of the use of anaesthetics in labor. In those days chloroform was used very seldom in obstetrics. Dr. Sanders took the negative and Dr. Wilson the affirmative. Dr. Sanders quoted from the scriptures quite extensively as Brother Siemon has done and finally Doctor Wilson in his argument said something like this, that while he had all due respect for the scriptures, for the Bible is a great book and was written for a good purpose; it is a very valuable book to live by, but a poor book to practice medicine by.

Dr. Maxwell: I, like Doctor Beebe, noticed how familiar Dr. Siemon was with the scripture, and I inferred from what he said that he remembered the scurvy trick that was played on Adam, about the eating of the apple and that he wanted the modern Eve to get all that was coming to her.

I believe chloroform is the indicated remedy. When you have a hard, tedious labor, if chloroform is judiciously administered, it will give more relief than anything that you can use, far more than any indicated remedy or any homeopathic remedy. It is our duty as well as our privilege to use chloroform even though we are practicing homeopathy and I wouldn't practice obstetrics without chloroform.

Dr. Hoyt: I want to answer Doctor Siemon's suggestion about giving an anaesthetic to the family: I believe it is a good thing, but I also believe as General Sherman said about the war, that it is hell, and I think this is true of confinements. I have attended cases where, if it had not been for the use of chloroform, the patient would have suffered untold tortures.

Dr. Stewart: What anaesthetic would you use for the family? (Laughter).

Dr. Walton: For the benefit of the homeopaths here I want to give three remedies to carry home with you. When the os is soft and the lips are thick, give *actea*; when it is hard and thin, give *gelsemium*, and when the placenta is retained, give *cantharides*.

Dr. T. A. McCann: In reply to Dr. Siemon on the morphine question, I don't believe it is the hyoscine that kills your baby. I believe it is the morphine. We examine students once in a while for the position of interne at the Miami Valley Hospital and we ask them how much morphine they would give a baby and if they don't say none, they lose the position. You get your morphine into that baby when you give it hypodermically to your patient. I don't believe there is anybody with any sense who would stop to think about the effects of morphine and where it is going when he gives it hypodermically, and knows what it will do for the infant, who will give an injection where there is any morphine in it.

Dr. C. E. Sawyer: There is one question that has not been brought out fully in this discussion and that is individualizing of our cases. If we attempt to run all of these cases by a single rule we are sure to get into trouble, no matter what remedy we use. The critical part is to know our subject and the indications sympathetically are those which will indicate the remedies. There is no question but that we have cases that will respond quickly and certainly to the indicated remedy, and there are cases that require an anaesthetic. In my experience of twenty-five years, I have come to the conclusion that there is no anaesthetic quite as safe as chloroform. It is not necessary to carry your anaesthetic to a dangerous degree; all that is required of the anaesthetic is to know when to take off your strain; that is, keeping it at normal condition. If we will follow the rule applied by the essayist in the matter of the use of the anaesthetic, we will have no trouble. I wish to compliment the doctor; it is a good paper.

Dr. Geiser: In reference to this H. M. C. mixture, I will say that I don't want to go on record as favoring it; it must be given very carefully when given at all. I agree with most of the doctors, that there are times when anaesthetics are necessary in obstetrics. The hyoscine in the H. M. C. is what I think does the most harm.

A CASE OF THYRO-GLOSSAL CYST.

GEORGE H. IRVIN, M. D., ORRVILLE.

[At an early session of the Society, Dr. Irvin presented a clinic and asked for the appointment of a committee to make an examination and report. The president appointed as this committee Drs. Wiggers, Walton, Quay, Denman and Curtiss Ginn. They retired with the patient and Dr. Irvin presented a history of the case together with the report from the committee.—EDITOR.]

Dr. Irvin: You will pardon me if I ask for just a few moments of the Society's time. We have here a young man, nineteen years of age, of good family history. At seven years of age this boy choked on a piece of candy and became cyanotic when his mother took him by the heels and shook him; the candy flew out of his mouth and normal color was restored. The next morning there appeared on his neck a tumor perhaps the size of a small marble. This remained for several months, leaving upon the use of some cerate. Following this he had no trouble until last September. His occupation is that of an expressman, which requires him to handle all sorts of baggage and express matter. Upon lifting a heavy casting, he made an undue strain when a sudden, lancinating pain shot into the throat, and extended up along the right side of the neck and over the occiput. It pained him so he had to quit work at once, and the next morning there appeared over the hyoid bone a tumor about the size of a hulled hickory nut. This fluctuated in size for a time, some days being hardly perceptible and at other times as large as a walnut. Symptoms appeared as follows: Persistent pain around the right side of the neck, aggravated upon lifting, tachycardia, sleeplessness and labored respiration after any exertion.

The case was taken under advisement and a number of remedies, including the iodides, was used internally and externally for three months without effect. He was taken to a surgeon and thyroglossal cyst was diagnosed. The first operation was in December. The sac was removed and the area thoroughly cauterized. Diligent effort was made to locate a duct, but none was

found. The wound was closed and healed by first intention. The trouble recurred in a few days. The second operation was in January, with the same result. The third operation was in March. The last operation, as you will notice, left quite a large scar. The dissection of the last operation extended down into the thyroid space back of the hyoid bone, an effort being made to find the duct leading back to the throat, but at no operation was that possible. In the last operation the wound was treated by the open method and was under the surgeon's daily care for two weeks, during which he noticed no recurrence of the trouble. When it appeared the last time it was hard, but after several days' duration, with pressure upon the tissues, it came to the surface and has since the last operation ruptured spontaneously.

We have not had any tumor of any consequence for three or four weeks, but whenever there is any lifting or undue exercise we have that same pain in and about the throat and there is the sensation requiring constant clearing of the throat. He also has the sensation as from a splinter in the throat. He has had remedies and he has had surgery, but he has had no relief. The gentlemen composing this committee this afternoon suggested that there be used, when this tumor should appear, anilin and methylene combined and an effort made to trace the pocket back to its origin and close up the pocket with formalin. It was considered that the use of an escharotic would be without any effect.

DISCUSSION.

Dr. Stewart: I would like to make the suggestion that if that condition returns, it would establish the fact that there is a sinus leading up to the tongue or the tonsil somewhere and I think it could be ascertained without injury to the patient, not by injecting anything for diagnostic purposes, but by taking a silver catheter, such as we use in ear work and attach a piece of rubber tubing to the bulb of an atomizer and by laryngoscopic examination see if bubbles of mucus disclose a free passage. What to do after that—well, there are Doctor Humphrey and Dr. Maxwell, they will tell you what to do with your case.

Does the microscopical finding show in

Dr. Irvin: There was one made.

Dr. Sawyer: It seems to me it would be well to find the origin of this discharge. It may be much further distant than the location in the throat. I should suggest that you find out where it comes from.

Dr. Irvin: I spoke of that at the time of the last operation and it wasn't done according to my idea; I asked that that be done, but it wasn't.

Dr. W. H. Phillips: I have seen two of these cases of median cyst of the thyroid in the last two years. The development of the thyroid in the foetus is from the space above the epiglottis; as the thyroid develops down it leaves a small channel which ultimately closes completely. Now in some cases the duct fails to close completely so that some portion, usually the lower, is not closed. A sudden muscular strain compressing the thyroid forces the secretion of the thyroid up through that unclosed portion. The secretion that you get is the gelatinous secretion of the thyroid and the tachycardia and all the symptoms he presented, are the same conditions you find when during partial removal of the thyroid the capsule is injured.

In one case I operated and one I didn't, and the one I did was the sister of one of our lady physicians in Cleveland. Two years ago I operated upon her and the trouble stayed in abeyance for nearly two years. Two or three months ago there was a partial recurrence. I endeavored to find the duct but this it was almost impossible to do, but by getting a complete union of the walls of the sac the case has remained closed so far.

BUREAU OF CLINICAL MEDICINE

- C. O. Munns, M. D., *Chairman*Oxford
 "Feeding of Typhoid Fever Patients."
- Roy C. Wolcott, M. D.Troy
 Representing Union Clinical Medical Society.
 "Common Gastric Disturbances."
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 "Clinical Cases Fifty-eight Years Ago."
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FEEDING OF TYPHOID FEVER PATIENTS.

C. O. MUNNS, M. D., OXFORD.

Today the medical profession agrees that typhoid fever is an acute infectious disease caused by the invasion of the "bacillus typhosus," which produces inflammation and ulceration of the lymph follicles of the intestines and swelling of the mesenteric lymph nodes and the spleen. Other micro-organisms than the specific germ play an important part in determining the extent and character of the bowel lesions and in the production of the general toxic infection, which should receive careful attention in treatment of the disease. Since typhoid patients must contend with the toxins generated by the invading micro-organisms as well as the body toxins, it seems rational that it is our duty to select a diet that will not favor the life and development of the bacteri- toxins. We all recognize that the digestive

secretions are not freely active in this disease; and I believe that the most of us will admit that meat broths and milk are excellent culture mediums for bacterial life. Then why feed our patients during the progressive period of this disease, as recommended by nearly all of our medical writers of today?

I contend that typhoid patients, as a rule, require very little food during the first two weeks or more of the fever. More patients are killed by over-feeding than under-feeding.

When a case of typhoid fever comes under my care, I thoroughly clear the bowels with castor oil to which has been added a few drops of the oil of cinnamon, then prescribe the free consumption of pure water and pure, fresh fruit juices, often allowing the patient to consume the soft pulp of the fruit in a *finely divided* state. The pulp of ripe apples, pears, peaches and grapes can be safely given in this manner; the pulp of perfectly ripe melons is often relished by the patient and seems to cause no irritation. The juices of ripe pine-apples, oranges, lemons, grapefruit, grapes, and of all succulent, edible fruits and berries are permissible; should diarrhoea be present, blackberry, raspberry and grape juices are best adapted.

Should the fruits and fruit juices not satisfy the hunger of the patient, egg albumen can be dissolved in the fruit juices, or a whole egg can be dissolved in water and lemon juice, sweetened to suit the taste, and given. Barley-water, rice-water, malted milk, buttermilk, milk-whey, uncooked oatmeal-water safely meet the emergency; pea broth, made from the mature pea, is excellent when food richer in nitrogenous material seems to be indicated.

I reserve the use of sweet milk and animal broths until the third week when the fever begins to subside and the patient manifests a returning appetite and relish for food. At this time modified milk, plain milk, and animal broths can be given safely with caution. Our patients will relish the milk during convalescence, thus making the return to gruels and more solid food more easily and safely brought about.

Sudden rise of temperature, due to accumulated waste in the bowels, is easily combatted by giving a small dose of the cas-

for oil with cinnamon, which I do not hesitate to give in any stage of the fever, and I regard it as the best and safest agent with which we can clear the intestines of waste.

The advantages claimed for this treatment are:

Freedom from the severe complications produced by the toxæmia under the old regime, *e, g.*, high temperature, severe diarrhoea, tympanites, hemorrhages, delirium, etc.

Comfort and safety of the patient.

Shorter and milder course of fever.

Conservation of patient's strength and rapid recovery.

Very little medicine is required, and much better results are obtained from medicine given.

DISCUSSION.

President Overpeck: We will now have the discussion of this paper.

Dr. Hoyt: I want to congratulate the Doctor upon this excellent paper. I think it is a step in the right direction, getting away somewhat from what we are in the habit of using, the milk and meat broths. I think the wheat and egg albumen will give us better results. There is one question I would like to ask and that is about the bowels. The Doctor says not to hesitate to give castor oil at any stage of the fever. I would like to ask if he prefers that to the use of the enema of saline solution or plain water or what not.

Dr. Gault: I would like to have the Doctor say if there is any way he recommends in giving the castor oil; there is sometimes trouble in getting patients to take it.

Dr. White: I want to emphasize one point and that is in reference to the use of very little food for the first week or ten days of the fever.

Dr. Cash: Just one point in reference to that. Do I understand this castor oil is given as a matter of food, or as a laxative or a physic? I haven't been regarding castor oil as an article of food and I believe that as long as the bowels will remain inactive we should let them alone; do not interfere with them, because the one danger is that when you do get the bowels started, you are likely to have a troublesome looseness. My experience is that if the bowels are let alone your patient has a very much better prospect of recovery.

Dr. Biggar: In regard to castor oil as an article of nourishment, I speak from the standpoint of the surgical aspect of it, considering that there are ulcers. One of the best dressings in external ulcers to promote granulation is castor oil with Balsam of Peru and I can see that, if ulcers be present internally, it could be soothing as well.

Dr. Jones: If there is one subject on which I have strongly fixed ideas, it is the care of the intestines in typhoid fever. The prime object is to keep the bowels still. Excessive peristaltic action is going to do harm and the treatment by the dominant school of typhoid fever is not as successful nor as rational as was the treatment of fifty years ago. A little over forty years ago, when I began the practice of medicine the best allopathic physicians did not give a cathartic of any kind in typhoid fever. Now I am sorry to see all the various preparations that are given for one purpose or another, but the object accomplished is to increase the peristaltic action and to irritate and excite the very part that is the seat of the local disturbance in that fever. There is more danger from perforation and hemorrhage than from anything else. Within the last two years I have taken from the hands of other physicians four cases that had been fed cathartics of various kinds—castor oil among them, and those four cases are the only four cases of typhoid fever I have lost in that time, and I have said to my associates that hereafter I shall not take a single case of typhoid fever from anybody who has used that treatment. It is the worst imaginable. Let the bowels alone; give nature a chance to heal those ulcerated parts and you will succeed far better than you can by giving these patent cathartics of any kind.

Dr. Pulford: I can endorse every word that Dr. Jones has said. I treated a case of typhoid in the eastern part of this State and when the fever broke the patient relapsed into an adynamic state, did not want any food, only drink; in two days passed a half teacupful of clotted blood; then the fever subsided and the patient began to take simple nourishment and got well. My conclusions are, not to be in a hurry in the convalescence from typhoid fever, but wait until the patient is free from fever and the bowels are normal in their action.

Dr. Arndt: I have been waiting to see if somebody wouldn't say my speech. We are inclined to meddle too much with typhoid fever, the same as with any other disease. It seems to me we don't use the good sense in regard to keeping the alimentary tract clean that we do in reference to other parts of the body. Now the

only way to keep the alimentary tract clean is not to put things into it. If we put organic matter into the bowels, in the typhoid condition particularly, it simply becomes a mass of putrified, decomposed matter, poisoning the system. That part of it that passes through the alimentary tract irritates the ulcers and we have the aggravated condition of ulceration along with the systemic toxemia, which is the result purely of the decomposition of the food we have been putting into it.

If you will take the history of your case carefully, you will find that your typhoid patient, at the beginning at least of the history, is entirely devoid of appetite. It seems that we have gotten the habit of eating to such an extent that we think we have to eat under all conditions, and we force the poor patient against his will, into this habit of eating—making him eat. It is simply a way of poisoning him.

I have for two or three years been treating typhoid cases by the method of starvation, withholding food absolutely and giving nothing but hot water until the patient is hungry. I have found almost invariably in my own experience, which has been rather limited, however, that it has been after the entire healing of the alimentary tract that the hunger has come naturally, and the system is ready to take care of food. I have not interfered with the condition of the bowels, but allowed them to move spontaneously. I have let them alone as long as three weeks and the result has been perfectly satisfactory; there would be no coating of the tongue in three days time; the bad symptoms of fever would disappear and the only symptom at the end of a week of typhoid would be sensitiveness over the right iliac region. The criterion for feeding has been hunger, honest hunger, not a sense of emptiness that can be allayed with the hot water; we remember that a large part of our food is for heat, is converted into heat and energy, and the hot water itself has a food value. My patients at the end of from fourteen to twenty-one days of sickness have been less emaciated than they have ever been under feeding; they have lost very little flesh during that length of time. If one will honestly and carefully follow the instinctive reactions of the symptoms, watch the patient and be guided largely by the natural reactions of the patient, it seems to me there will be very little need of interference. I think that feeding is the source of four-fifths of our symptoms in typhoid fever.

Dr. Geohegan: I must beg leave to differ a little from the starvation cure. I grant that feeding can be carried to the point that it does retard recovery, but I believe it is absolutely illogical

to allow the patient to remain on a starvation diet for three or four weeks. Give food, but watch it; don't give it according to a routine, but watch and see when the food is assimilated. I believe it is logical to give all the food that can be assimilated. I am an old foggy like Doctor Jones; I am opposed absolutely to all practice of giving laxatives during the course of this disease. If the bowels must be moved at all—I have never seen a case yet in which I believed there was a constipation of the upper bowel—I believe that the enema is all that is required. In the matter of nutrition, give what food can be assimilated, something nourishing. I think that almost anyone will lose a great deal of flesh if they go three or four weeks without food. I think some phases of the disease are due to inanition and this must be avoided. The one food with which I have found a great deal of success has been buttermilk; it is very rare that it gives any serious trouble and it does keep up a considerable amount of nutrition.

Dr. Rosenberger: I had an experience this last spring in the case of typhoid fever, that went on for eight weeks, treated by an allopathic friend of mine. I was called into the case and found that the lady had taken a diarrhoea that lasted a week; couldn't stop the diarrhoea; couldn't do anything to control it. I asked the doctor how much physic he had given this lady during the sickness, and he said he gave her a dose of castor oil every second or third day. Well, we had the result, of course; we had this diarrhoea and it was very hard to control, but the proper remedy controlled it in about a week's time. I was certainly astonished at the suggestion in the paper of the use of castor oil so freely. Aside from that I thought the paper was very good. I must commend Doctor Jones and Dr. Geohegan on their treatment of typhoid fever. I beg to be excused from the starvation treatment myself; when I get sick I want to be fed, and fed pretty well, too.

Dr. McBride: I have never given two cases of typhoid identical treatment; some require more food than others; I watch the assimilation and modify the food as far as possible to suit that patient. I don't give cathartics, except at the beginning. I clean out the bowels provided the patient has been having a ravenous appetite, as we sometimes find they do before the onset of the fever, otherwise the bowels are left alone. The only thing given will be an enema, when indicated. I have never lost but one case and that case was on starvation diet.

Dr. Munns: I certainly do not recommend castor oil as a food, but as the best agent with which we can clean the intestines of accumulated waste. Castor

oil quickly reduces high temperature caused by absorption of toxic matter from the intestines. In an experience of twenty years, I have not found the castor oil harmful in the least to the patient. If the proper dose is given, the condition of the patient will be improved and the patient made more comfortable. In the beginning of the fever, when the intestines are full as we often find them, a small tablespoonful can be safely given; during the period of ulceration, 20 to 30 drops is often sufficient; give the smallest dose that will do the work. I certainly prefer the castor oil to the enema when I want to clear the small intestines. It is often advisable to use the enema to assist the oil; this is much better than to give a cathartic dose of the oil. Avoid active cathartic action.

If a good "tasteless" preparation is used, it is not at all unpleasant when given in a small cup of hot water; a little lemon juice or whisky can be used as a cover for the oil if desired.

COMMON GASTRIC DISTURBANCES.

ROY C. WOLCOTT, M. D., TROY.

Representing the Union Clinical Medical Society.

The doctor's words I would recall who said:

"Neglect precedes a fall,"

And verily 'tis true;

For ye who disregard your health

And value not that precious wealth

Will surely live to rue.

In giving you a paper on "The Common Gastric Disturbances," I will not try to place before you a wide field of investigation by other men, for you can read it, or have had the experience yourselves, but I shall endeavor to bring to your memories some of the things that come to us, as fond recollections present them to view. Some are dear to our memories; some dear to our pockets, for the man yet living is to be found who can truthfully say that he has diagnosed cases to the letter and applied the treatment he would give after days of careful thought and study.

The telephone rings at 2 A. M. and you hear the excited voice of Nancy Ann Rebecca Jones, five or ten squares down


street, saying, "Doctor, John Henry Isaac William, my dear boy of three, has a very severe and dangerous colic; what shall I do?" And in your sleepy and tired tone say, "Put on a mustard plaster, or the bottom of a hot plate to his stomach," hoping to draw out or burn up his whole anatomy for disturbing you without pecuniary compensation, when really the right remedy is the broad end of a shingle applied every ten seconds to the region just behind the belly ache.

In our hurry, confusion, excitement, consternation, or something else to divert our attention in the common and every-day diseases, we often overlook the more dangerous symptoms and hurry to another case. How many of us have had patients come into the office with a slight nausea, some vomiting, poor and restless sleep, headache, pale and even yellowish skin, distaste for meat and say to him, "Oh, my friend, you have indigestion, you will be all right in a few days," and give him some nux, arsenicum, or ipecac and let him go. Maybe within the next month, our neighbor physician finds a decided lump at the end of our patient's sternum, a black stool, or black vomit, and by accident, or otherwise, finds that the patient has a cancer. What is our chagrin to have before us a case perfectly plain had we been a little more careful in our questioning of the man? In giving our prescriptions, do we give the right kind of advice, or do we have a little stereotyped phrase, "Don't eat any supper, and little breakfast;" "Take more exercise and don't hurry—too violent exercise may bring on heart failure and collapse;" and a hundred other little phrases? When we are talking, why not tell the patient that the human body ought to have about four pints of good, pure water on the inside in 24 hours, as well as a liberal supply rubbed on the outside? What kind of a diet should he have? If light, specify particularly, for a light diet to his neighbor may be lead to him. Find what a man is used to eating, for he has been with and fed his stomach longer than his physician and probably knows what he can put in it with some degree of safety. Gluttons are alone in the world—they belong to no class, so advice to them is wasted.

As digestion is the most complex of all the organic processes its derangements are the most complicated of all morbid conditions. Our common gastric disturbances are really the sums—the conclusions of diseased conditions, for the end of nearly all diseases is a deranged stomach or bowel. Remembering that nature does not carry long credit accounts, we should aim to right them as quickly and thoroughly and permanently as possible.

Wisdom declares that it is not so much what we eat, but what and how well we eliminate that decides the issue of health and disease. The digestive tract is complex in structure—often imperfectly understood, its functions are easily deranged. It is the feeder of the whole machinery of living, and I shall try to bring to your memories the trials, troubles and tribulations that come as direct results of the common, ordinary gastric disturbances. Many times we treat them as diseases when they are but symptoms of some deep-seated and probably fatal trouble in remote vital organs.

Knowing that "digestion is the process by means of which the assimilable portion of the ingesta is converted into blood," every wheel of the machine should be in perfect working order to make that blood healthy and good; full of rich, round, red blood corpuscles that can boldly walk up to a microbe and say, "Get thee behind me Satan," and execute the command. Leaving the minor details of digestion without a word, let us bring back to our memories some of the things that cause common gastric disturbances. First of all, we place imperfections of cookery, because men so seldom cook, and being men we can safely place the blame somewhere other than on our own shoulders; carious teeth or numerical insufficiency—forgetting not the old woman who had but two teeth for which she thanked God that they were opposite; the presence of a plate for artificial teeth, either too large or imperfectly fitted to the mouth; diseases of tonsils and post-nasal catarrh; adulteration of food before, after and during the passage of the Food and Drug Act of June 30, 1906, serial number so and so; impairment of the general health caused by indiscretions in living; diseases in distant organs; irregularity of meals; smoking and chewing tobacco; impurity of water used—



not of dirt alone, but some of the minerals found in drinking water. How many would take a drink of sulphur, iron, manganese, or other waters at home every two hours, if their family physician would mix up a mess like they drink at some exquisitely beautiful, homelike and restful pleasure resort, where they pay \$29.50 per week. Other causes may be either excessive or insufficient exercise, be it swinging dumbbells, or sawing wood, beating rugs for home edification, or carrying buckets of water to put the fire out of your neighbor's burning wood house; the stooping posture as often seen in workers in factories—stooping with lifting when the circulation is materially interfered with; insufficiency of good, pure air; mechanical pressure on digestive organs, either at work over a counter or bench, or for beauty of form. Again these disturbances may be caused by the taking of either a hot or cold bath at an improper hour; the use of opiates—dover's powders or sedatives, headache powders or patent medicines; excessive study or work—mental or physical, in impure air, as well as in poor and insufficient light; the constant brooding over business affairs, and we are just beginning to know the power that mind has over body—the power of suggestion and the results of rightly applied suggestion. Finally, they may occur after changes of climate without changing diet to meet the new conditions of living; on account of lack of occupation and permanent employment of body and mind; sexual excesses, and last of the causes I have to name is insufficient as well as irregular sleep.

With this rough summary of some of the conditions to which human flesh is heir regarding the start of gastric disturbances, let us turn for a few minutes to the same kind of an outline of the direct results of the above mentioned causes. Of all the distressing and yet least harmful of symptoms that arise, probably flatulence, borborygmus and distension of stomach and abdomen may be mentioned. Then there comes heartburn, with sour and bitter risings, even to vomiting, depression of spirits, giddiness and staggering with sudden loss of vision or hearing; palpitation, with irregularity of action of heart even to angina pectoris; flushing of face—throbbing of carotids—burning of face and back of neck and sometimes, general cold and clammy perspiration.

are also drowsiness and sleeplessness during work, if working; extreme debility and tired brain; asthma, or loss of breath with choking sensations, cough, prolonged or brief shiverings, or even nervous chills; diarrhoea or constipation, colic and tenesmus, distant pains—neuralgic in character, or even prolonged to the soreness of arnica; headache, of all description; excessive dryness of the skin, either local or general, all kinds of conditions of the tongue and buccal mucous membranes; skin eruptions even to chronic eczema, spasms of throat, oesophagus or even large intestines; pains in the back, hips and shoulder blades, aching in character; burning in hands or feet at night, as so beautifully given in sulphur quotations; soreness of the eyes and eyeballs, with redness of the lids; piles, hemorrhoids, fistulae and ulcers; sores on the mouth, with that dark, brown morning taste; a sickening, fluttering, pulsating sensation in the epigastrium; and, while this list seems large, it could be increased indefinitely so long as we remain in the domain of medicine and therapeutics. My object has been to give you a review of some things that may have for the time being left your memories, in regard to the subject of common gastric disturbances.

When it comes to treatment, you all have your individual ways of doing things—but the end is one. The sole object of us all is the ultimate cure of the trouble in hand and to do it quickly. The one thing I wish to emphasize in these disturbances, is not to neglect in your searching for symptoms to be thorough enough to find the *starting* cause—remote though it may be—for there lies the foundation for your treatment.

There is one thing I wish to suggest to you in treatment, while I thought I would not say anything regarding it, and that is the washing the stomach with the stomach pump in the sickness of pregnancy. When everything else fails and you have that long, white, stringy lot of frothy phlegm coming out in great quantities, when your ipecac, nux, kali bich., or even ingluvin fail, try the pump once a day and see what results you will have.

While gastric disturbances are the most common of all our troubles, it does not pay to treat them as the least important, for on them depends the health of the whole body.

Forget not, in your anxiety to cure quickly, that overdosing will ruin a digestive tract. Purgatives and sedatives will finally settle any human being into a chronic invalid or state of health that man cannot relieve and whose death is but a welcome visitor.

DISCUSSION.

Dr. Staples: I would like to say one word. You will notice that Dr. Wolcott represents the Union Clinical Medical Society. I don't know whether it is generally known that each medical society is supposed to be represented by one paper at this State meeting. I wrote to the Secretary of each society in the State and this is the only one represented here. I hope next year there will be a paper read from each society.

Dr. T. A. McCann: I don't believe a paper like that ought to pass without discussion. I am much pleased with Dr. Wolcott's paper, and it treats of matters in which we are all so much interested every day; we certainly want to give it some place in the discussion here. Dr. Wolcott, I think, is making a specialty of stomach or digestive troubles. I have been very much interested in that paper. I believe that the treatment for every kind of stomach trouble belongs to Homeopathy. There are some emergencies that drop without the pale of Homeopathy, but this is one place where Homeopathy certainly has its bearings, and this topic ought to be discussed here.

He speaks of arsenic, ipecac and nux vomica and I want to say that arsenic and nux have done more for me in the relief of old catarrhal conditions than any other two remedies that have ever come to my hand. They have helped me out of a great many difficulties. I am afraid we forget the individuality of our remedies, especially in this kind of cases. There is certainly no place where Homeopathy is more effectively applied than it is in digestive disturbances. It has been charged in the hospital out here, where we are associated with physicians of the other school, that our attention to the little details is responsible for all of our success, I mean the detail as to diet and habit of our patients. They certainly do play a very great part, but if anyone will practice the details and leave out the remedy he will lose out.

I am sorry the doctor did not go more into the details of certain remedies than he did. It is a good paper and a good topic. I would like to hear the paper discussed. Let us do what we

do, right. The paper on obstetrics was well discussed. We ought not to forget that this Society is chiefly for medicine. That is our foot-hold; it is our ground work and let us not give all our time over to obstetrics and surgery and neglect that of clinical medicine.

Dr. J. W. Means: From a literary standpoint this is a great paper, but as Dr. McCann said, it did not go far enough into details to give us any practical information. There was one point of which I want to speak and that is his remedy for the vomiting of pregnancy. I don't think there is any remedy known to man that will stop the vomiting of pregnancy, but there is one measure you can adopt that will stop the vomiting and in a great many instances it will not return, and that is to dilate the uterine os slightly. You will not produce a miscarriage if you are careful.

Dr. A. S. Rosenberger: I was a little slow in saying anything in regard to this paper; it has come from our Society, and we had it before us and we liked it very much. We discussed it pretty thoroughly then, and the author's recommendations are certainly all right, and I like the remarks that Dr. McCann made in reference to it. This is a Society that ought to give more attention to the giving of medicine. Surgery and obstetrics are alike in all schools, but we differ from the other school in that one respect and that ought to be given more attention.

I would take exception to the remark that Dr. Means made on this paper, that there is no remedy that will stop vomiting in pregnancy. I would call the doctor's attention to his *materia medica* and he will find plenty of remedies there that will stop vomiting in pregnancy; they have relieved cases for me and they will for him if he finds out what they are. I never tried his remedy, but I know the homeopathic remedy will do it many, many times. Sometimes all remedies fail; we have some incurable diseases; some of these cases are incurable, but a large percentage of them can be relieved with the proper remedy and I am glad of it.

Dr. L. K. Maxwell: You can't bank too much on what Dr. Means says about the vomiting in pregnancy. About ten days ago I went out thirty-five miles from town and dilated the os to relieve vomiting in pregnancy and they have chased me out there three times since to prevent an abortion and they have still got me on Uneasy Street; she has not aborted yet, but I am pretty sure she will.

I want to say that some of the common gastric disturbances are not amenable to homeopathic treatment; they are not medical

cases. They are surgical. In the last three months I have had at least four cases which have been under treatment for months for gastric disturbances, on various kinds of treatment, and after they came to me I was able to detect in each case a chronic appendicitis. In each case I have been permitted to operate and in each case the operation has effected the cure. So that I feel that, in many cases of these persistent gastric disturbances, it stands you in hand to examine the abdomen carefully and see if you don't find a tender appendix. If you do and they permit you to operate, that is the shortest way out of it.

Dr. Danforth: Proper diet in cases of gastric disturbance is quite as important as the medication, if not more so. In that form of gastro-intestinal indigestion, in which mucus is abnormally secreted and in which there is belching of gas with more or less discomfort in the gastric region after meals, associated with constipation, I have found that the systematic drinking of definite quantities of hot water and eliminating the carbo-hydrates; in fact, the Salisbury treatment, modified to suit the case, is very beneficial.

Dr. Wolcott: There are several points that should have been given in this paper that have been omitted on account of the time limit. I am glad that some of them have been brought out in the discussion. There is one, however, that I want to emphasize especially, that is the careful examination of the rectum for the cause of many of our intestinal disturbances.

We frequently find old ulcers, piles, and ragged mucous membranes that are constant irritations to the vital machinery. Also, examine the abdomen to see if there are sore spots, indicating uterine or ovarian troubles that cause the deranged digestion. There may be a chronic appendicitis, a membranous colitis, or constipation caused by cathartics containing opium. There are many others, but I want to especially emphasize these because I did not do so in the paper.

NOTES ON THE PREVAILING TREATMENT OF PNEUMONIA.

H. E. BEEBE, M. D., SIDNEY.

"Be not the first by whom the new is tried,
Nor yet the last to lay the old aside."

Osler, Edwards and other writers on internal medicine say that pneumonia is the most fatal of all the acute diseases; that there is no progress in its successful scientific therapeutic management. This being a self-limited disease, other than expectant treatment, with good nursing and stimulation, is of little avail. The mortality is greater than it was fifty years ago. The chief reason for this is: the hearts of this age are much weakened by continuous and unending nervous strain and excitement. Finally, with these views of such eminent teachers and writers, it is also not questioned that much as the marvelous achievements of the laboratory have advanced our knowledge along the line of bacteriology and pathology of the disease, there is yet no specific treatment that can kill the pneumococcus, or curtail the systemic toxemic infection.

Well, then, with this predominant assent, let us discuss something of the deficient, unscientific and unskillful existing methods of treating pneumonia, for certainly the average treatment is woefully ineffective from a curative view. There is little consensus of opinion when treatment is discussed, as there are so many different plans advocated among the majority in the dominant school of practice. Views widely differ, not only on medication, but on nursing, diet, hygienic surroundings and therapeutics generally.

There is scarcely an infectious disease that runs as rapid a course as pneumonia; a good reason why we should not be reckless or overdo in its therapeutic management. Symptomatic treatment, carefully observing the relation of symptomatology and pathology, is decidedly preferable, and even this must be limited, but not abandoned. Loomis well said: "Treat your patient and not the pneumonia." He could have expressed no greater truth.

Some advocate returning to venesection and counter-irritation. This is certainly treating the patient with a vengeance.

First, with this disease the sick room is ordinarily kept too close, from fear that there will be too much ventilation. Friends will insist on closing all outside openings and keeping the room too warm. Pneumonia needs fresh air and plenty of it above all other acute diseases. The open air treatment, or approximately thereto, is always to be advised. Windows should be open, avoiding all drafts, that the patient may inhale God's fresh air, clean, oxygenated air, thereby diminishing the frequency of respiration, slowing the heart's action and reducing the temperature. If fever be very high, sponge the abdomen and extremities with tepid water or give rectal enemas of cold water. It is well to encourage drinking of water unless the heart is over-laboring from bronchitis, or if edema be present from any cause. The diet should be very meagre.

On these outlines of general treatment, we may differ but little. It is in drug therapy that our lines diverge. Many consider morphine, codeine, or even some of the coal tar products indispensable agents in aggravated cases of this disease, believing that nothing else can relieve the suffering. We think these agents decidedly contraindicated, they being detrimental to the pneumonia lesion, as is certainly most evident from a close study of the action of these remedies. Fever, pain and cough can be alleviated by other drugs, such as aconite, bryonia, phosphorus, veratrum and similarly indicated remedies too well known by you for discussion.

The terrible cough that irritates and injures the delicate material of the lungs is nature's laborious method of freeing the air passages of substances which obstruct perfect aëration of the life blood. Shall we stop the cough and aid death by increasing that obstruction? No, aid but not hinder. Resort to more conservative therapeutic agents that are well proven to mitigate the suffering.

The majority advocate one of two lines of treatment: an active antiphlogistic treatment to diminish nerve activity, or after

arterial excitement subsides the stimulant and supportive treatment by the aid of strychnia, digitalis and liberal doses of whisky to supposedly tone up the heart. The first line of treatment is necessarily brief, for this congestive stage at most is soon over if carefully handled.

The depressing stage of the disease is too often aggravated if not induced by this antiphlogistic treatment previously applied. Now to the supportive treatment. Digitalis, so commonly used to support the heart, has a double effect, though few consider this dual action. A few of the dominant school are beginning to recognize its influence in small doses.

Behold the words of Dr. Huchard, an eminent Paris lecturer on cardiac diseases, in discussing this subject before a class of three hundred physicians, when he says: "You know the therapy of the past with its incoherences and its uncertainties, its wealth of drugs as opposed to its poverty of medication, its incessant fluctuations consequent upon the fact that it is governed by no defined law nor guided or directed by any doctrine. It were time wasted to discuss it further.

"You recall that I mentioned the extremely feeble doses of digitalin, gtt. ij-jv per day of the 1-1000 dilution, wherewith a most remarkable tonic action upon cardiac muscle may be obtained. Well, a homeopathic physician, Dr. Sieffert, author of an excellent treatise on positive therapeutics, writes me: 'This dose corresponds to the third decimal of our pharmacopeia, and we employ unhesitatingly doses even stronger than yours.' Thus, you behold me enrolled in the camp of the followers of Hahnemann, and, in regard to this matter, I desire to state clearly to you my opinion.

"Medicine should remain tolerant, and, above all, modest, for reasons which, alas, are too well known among us; it should assume no proudly arrogant attitude when confronted by adverse theories, for no individual, no school has a right to hold itself the sole depository of truth. Whenever it comes it should be accepted; this truth, 'which demands years for its victories; which never triumphs on its first appearance.'"

Digitalis may cause a toxic delirium, especially in the aged, and must not be taken for delirium due to the disease. Withdrawal of the drug will correct the delirium. It is not always easy to differentiate the pneumonia toxins from the drug toxins.

When there is an alcoholic factor in the case we always consider that the pneumococcus invasion is most to be feared. These patients are known to be deficient in recuperative power, contrary to the popular belief that alcohol increases muscular and nervous energy. It simply benumbs the nerves and impairs muscular co-ordination. It is now pretty well established that alcohol is a depressant and produces little, if any, real permanent stimulation. It is sometimes termed a diffusible stimulant. Alcoholics are more subject to the harmful effects of several microbes, particularly the pneumococcus. Alcohol produces vaso-motor paresis and causes dilatation of the vessels, and it must therefore aggravate or induce tendencies to vascular engorgement. Furthermore, it ultimately has a harmful action on the phagocytes, which are the chief means of defense against infective microbes, and should not be used in the treatment of infectious diseases, especially pneumonia.

The same is commonly true when heroic doses of any of the so-called heart stimulants are applied. Again, it is said these remedies are to be judiciously administered, for the heart is truly overtaxed by extra work, and its forces must be conserved. Yes, indeed, be cautious, thrice cautious, lest you meet serious trouble by this line of treatment, destroying the life it is intended to save.

We freely acknowledge there are few rules but what have exceptions and do not claim that heart stimulants are never necessary, but we do object to their indiscriminate use. There are times when they are called for to save life. The pump must be kept going at any cost. Sometimes, in neglected, or mistreated cases, or about the crisis, the lips, face, fingers and nails become blue, the pulse is irregular, the heart fluctuates, plainly showing its weakness; these agents are called into use. This is the exception and not the rule. Strychnia, whisky and digitalis may now serve as props, though too frequently used when not indicated.

for they seldom are more than temporary and feeble supports. Never forget that stimulation pushed too far means paralysis.

Our Copeland has well said: "If the patient have fever, some drug is given to forcibly hold the heart, thus preventing its rapid action, with the resulting increase of temperature; or in flagging heart the organ is whipped on and forced into more rapid action by the administration of a stimulant like whisky or strychnia. Such practice is too often fatal in its results and, in any case, the reaction from or secondary effects of such treatment is found to be pernicious."

Dr. B. B. Kimmel likewise well utters a similar truth in saying: "Too often it is deemed necessary for the patient to have in the same prescription a stimulant for the heart, a sedative for the nerves, an anodyne for the pain, a ferment for his digestion, a tonic for his assimilation, and calomel and salts to work off the mixture."

Again, are topical applications beneficial to the pneumonic process? This is another question in controversy. Such measures possibly may be of value during the primary stage of engorgement, if at all, though even here we believe they are much overrated and the use is largely a routine practice. Heat, moist or dry, sometimes relieves pain, or maybe cold will do the same according to the patient's sensations. The laity will insist on using the filthy, abominable clay poultice. Absorbent cotton saturated with glycerine, if such must be used, will accomplish all that anti-phlogistine or any other poultice can do. The principal objects to be obtained by local applications are counter irritation, osmosis, and even pressure to prevent undue distension and to aid expectoration, together with reflex influence upon the nerve centers. But do they do this, and if so, is there not a detrimental influence greater than the benefit, the effect being depletive.

As for expectorants, they are prone to disorder the stomach and interfere with assimilation and we see but little indication for their use.

Similar views, that most of the above is erroneous treatment, are slowly being adopted by some leading clinicians the world

over. These oft acknowledged errors in treatment are confirmed by success when they are abandoned and milder methods used.

The per cent of deaths is not as high as is usually recorded under these lines of treatment.

Finally, some of us are well convinced that medicines judiciously used do play an important part in bringing about the patient's recovery in pneumonia. We are satisfied that the frequently repeated minimum dose, usually according to the law of similars, is the most economically effective treatment, never leaving in the body a surplus of the remedy to annoy the tissues by drug aggravation. This is no pet theory, but is a fact most thoroughly well proven by long established clinical experience and reliable mortuary statistics. Therefore, let us not depart therefrom until something most assuredly better is discovered.

DISCUSSION.

Dr. Munns: This very excellent paper is before you for discussion.

Dr. Pulford: I am very much interested in Dr. Beebe's paper; it strikes the right key-note. We should never forget that when a pneumonia patient presents the hemorrhagic stage, a great remedy will be found in aconite or veratrum; when it passes into the secondary stage, we have bryonia and in the third, we have phosphorus, and phosphorus is one of the great remedies to be used for pneumonia patients.

Dr. Means: Dr. Beebe's paper is somewhat misleading. He makes the bold statement that a majority of deaths from pneumonia are due to heart failure. While it may be true that the heart fails, this is not the primary cause of death. As to treatment, it has been demonstrated clinically that the expectant method is far more successful than the recognized, up-to-date treatment as administered by the allopathist. In most cases I have depended upon four remedies, viz.: aconite, belladonna, bryonia and tartar emetic, and if used in the *high* potencies your success will be more marked than when used in low.

Dr. Ralph Reed: That was a very good paper of the Doctor's. I think if there is any one disease in which homeopathy shows its superiority, it is pneumonia. Most of the homeopaths I know cure their cases of pneumonia and don't seem to fear it as do the old school physicians. There is one point I thought might have been brought out in the paper and that is when to give

stimulants. I think it is a grave mistake to give heart stimulants at the beginning of your case of pneumonia. All stimulation should be reserved for the crisis. There is a time in some cases of pneumonia, and it perhaps will not last more than one to three hours, when the proper stimulant will save your patient's life; but your patient will die if you begin heart stimulation at the beginning of the disease. You wouldn't think of whipping a horse when he left the post, you save the whip for the stretch. The whip I prefer is nitro-glycerin when I have occasion to use it, which is very rarely.

Dr. Hetherington: I believe the old school are beginning to realize the mistake they are making in "sustaining the heart" in the earlier stages of pneumonia.

One of them said to me a short time ago: "I believe that you fellows are right. I am learning to leave my patients alone until they really need stimulation and then they respond to it as they do not do when habituated to the drug by continuous administration for days."

Dr. Lovett: In answer to Dr. Reed's question, I want to say that the proper time for stimulants in treating pneumonia in my practice has never arrived. I have never had occasion to use a stimulant in a case of pneumonia and I will say here that I have never had a death in uncomplicated cases of the disease. In cases where it would have seemed the greatest necessity for the use of a stimulant, I have seen tartar emetic do all that was necessary, and further I have seen lycopodium 200th relieve my patient without any difficulty. So I think as homeopaths we can say we may never have any occasion for any heart stimulant if we use the properly selected remedy.

Dr. C. Hoyt: I want to mention one remedy I have frequently heard advocated by a very successful old-school physician, and that is fluid extract of ergot; he says he can abort any case of pneumonia if he can see it during the congestive period. He doesn't claim anything afterward. He gives a half teaspoonful dose repeated every two hours. I have never heard the remedy extolled by anyone but this physician, and he claims in nearly every case where he can see the case early, during the congestive stage, that the ergot will abort the disease. He pushes the ergot to the extent that the pulse becomes very small, but he has never seen a death from it nor any bad after-results.

Dr. House: I wish to say that I have treated pneumonia for thirty-eight years, and I have never had occasion to give a

dose of digitalis or strychnia in all my practice. I don't wonder that the old-school people lose cases of pneumonia in a large per cent. Any doctor who will treat the case homeopathically will scarcely ever lose a case of adult pneumonia. They will lose them in early childhood; in those cases where you have the cyanotic condition, the blue appearance, where you put in the strychnia with the hypodermic needle, if, instead of this, you give them tartar emetic at the proper time you will get a great deal better results and the patient will be cured very rapidly.

Dr. A. S. Rosenberger: At a recent meeting of the allopaths in our vicinity they had a paper on pneumonia. I was much interested indeed. I wanted to know what they would say about pneumonia. A young man with considerable ability read a paper on pneumonia; he gave very fine diagnostic points and the prognosis was fine indeed, and when he came to the treatment he said: "Gentlemen, we are a little short on treatment for this disease. We will have to wait until somebody finds out a serum for this disease." That is all he said about the treatment. I thought that was pretty well said, because, if you just let them alone, nine out of ten get well themselves.

In regard to this paper by Dr. Beebe, I don't think it needs much comment. I think it is an excellent paper and the kind the doctor generally writes—sometimes he goes off at a tangent and says most anything, but for one time in his life he said the right thing and I am very glad for the paper and for the doctor's reputation; he saved himself. As far as the potency is concerned, I don't care much about that; if it is just the homeopathic simillimum it will work, I don't care if it is the millionth the C. M. or 10 M. or the 2nd or the 1st; if it is the remedy you want, the sooner you give it the better and the sooner the patient will get well. I don't think the homeopathic doctor ought to lose his patient with uncomplicated pneumonia and I don't think the homeopathic doctor will lose a patient; it is the complicated cases that die; it is the uncomplicated case of pneumonia that always gets well. I remember one case I was called to see after the inflammatory stage had passed. I want to speak of this just in commendation of what the doctor by my side said about lycopodium. This man failed to get well; he was up and around all the time, but every second day, especially in the afternoon about four o'clock, he would get a fever and cough. I was called in at that stage. One dose of lycopodium 30th cured the case.

Dr. Sawyer: I wish to compliment the author of the paper especially because of its practicability. There are two facts pertain-

nent to the subject which I would emphasize. First: That a large part of the fear of heart failure in these cases is a sham, and does not in the event of proper preliminary treatment present as a very serious complication in any case of pneumonia; therefore there is no need for injections of heart stimulants as are so generally used by members of the old school. Personally I believe that it is the abuse of these remedies that has much to do with the high mortality rate in the treatment of pneumonia. Many cases of pneumonia are helped in a general way by such constitutional remedies as baptisia, echinacea and phosphorus and they should ever be borne in mind in all protracted cases of pneumonia. The hygienic measures suggested by the essayist are of great importance and should never be lost sight of. Fresh air, activity of the eliminative organs and careful dietary measures are all to be regarded as of paramount value in the conduct of any case of pneumonia.

Dr. G. D. Arndt: Two of the most striking cases in my experience have been with the use of stimulants. The first case was one that I saved. It was a case that had been given up to die by three old-school physicians, one of whom was the husband of the patient. She was unconscious, with scarcely a perceptible pulse, respiration only visible by the slight rise and fall of the froth from the mouth. I administered carbonate of ammonium and digitalis. In the course of three-quarters of an hour the patient was conscious and coughed up great quantities of blood after that. She made a slow recovery. That was something like eighteen years ago.

Last winter the best friend I had died of pneumonia, uncomplicated. I was treating him and naturally brought the very best of my knowledge to bear upon the case. In my over-anxiety I began to stir up what seemed to me to be a flagging heart. He got along pretty well to the point of the crisis, then he died, failing to respond to any stimulant whatever. I hadn't stimulated him much; I gave small doses of digitalis and carbonate of ammonium, remembering my previous experience. I also gave remedies to allay irritation; he was nervous, and I gave sedatives to quiet him. That was the only uncomplicated case of pneumonia I ever lost. I never felt uneasy in a pneumonia case before, but that shocked me so that now when I have a call for pneumonia I have a chill.

There is a little physical trick I found to be very helpful in pneumonia. I learned it from an ex-osteopath. It is the springing of the thorax. I don't know how it relieves unless it is by

irritating the sympathetics at the articulation of the ribs with the vertebrae, thereby increasing the circulation. That might be the explanation. It gives relief and is very comforting to the patient. It is accomplished by getting the patient to the edge of the bed and with one hand over the thorax, springing it upward, forcibly and firmly, but rather gently. Upon doing that once or twice, it will in a short time afford decided relief to the patient.

I want to add to the flowers that have been already cast in the direction of Dr. Beebe. I consider that a most excellent review of the failures in the treatment of pneumonia.

Dr. Beebe: My right hand neighbor here says that he knows of two patients killed that way—saw one killed and the other one he killed himself. I was well pleased with the discussion and I don't know that I have anything to add to it further.

THE BACTERIAL VACCINES. ARE THEY OF INTEREST TO THE HOMEOPATH?

C. E. HETHERINGTON, M. D., PIQUA.

The study of this new phase of medical research which we are about to consider is, or ought to be, of very great interest to every physician; first, perhaps, because it is as it were the present day climax of all bacteriological and pathological research; secondly, it is a real advance toward the realization of a truly scientific therapeutics, unique in that it is the direct outgrowth of the work in the laboratory and not a readjustment of any system of empirical therapeutics, a step that is sure to lead prescribing still farther away from its present status as an art into the bound of scientific exactitude.

It is furthermore an interesting step toward the realization of the prophecy of Pasteur that ultimately all of the acute infectious diseases would be prevented or cured by the process of vaccination. Of course it is to be understood that the work in opsonins is so recent that it might well be supposed to have scarce passed out of the class of scientific curiosities, but there is already sufficient evidence at hand to assure us that, in the words of Dr. Wright himself, it is to become a "most valuable asset."

The fact that the technique is so difficult that it must be left to those skilled in laboratory methods, need be no cause for its

dismissal by the general practitioner as too much of a therapeutic will o' the wisp for his serious consideration, for time will simplify the technique and reduce the tedium of the task. Valuable things demand time and patience and hard work, and it is safe to say that the real value of this method will offset any difficulty that may stand in the way of its use.

Furthermore, by the time this is ready for the hand of the general practitioner, he will have become a scientist more or less skilled in all departments of laboratory work, for the student of today is doing work unheard of ten years ago.

That this subject is of especial interest to the homeopathic physician goes without saying, because he is generally a man of breadth and liberality of view and he is interested in anything which points the trend of modern therapeutic thought. He is interested in this new therapy just as he was in the use of anti-toxin, in small-pox vaccination, and in the tuberculin treatment of consumption because of the suggestion of their possible homeopathicity, if for no other reason.

Let us reserve the points of special interest to him until we have examined the subject matter somewhat more in detail.

At the very outset, in order to prevent future confusion of terms and ideas, let us resort to the clear definition of the subject perhaps by setting forth what the bacterial vaccines and the related term, opsonins, *are not*.

We already have knowledge of certain so-called bacteriotrophic substances such as anti-toxins, bacteriolysins, and agglutinins. The first of these, the anti-toxins, are, briefly, counter poisons or antidotes elaborated in and perhaps by the cells of the body to counteract the poisons of bacterial infection.

Bacteriolysins are specific ferments of complex character, the result of bacterial stimulation of cells and having a disintegrating action on certain bacteria.

Agglutinins are specific principles found in the blood of animals affected with disease of microbic origin, and capable of causing the clumping of the bacteria peculiar to that disease.

As to the opsonins and their properties:

They are bodies contained in the blood serum. They are so-called because they prepare the bacteria for incorporation and destruction by the polymorphonuclear leucocytes. They are colloidal in nature and destroyed by the exposure for fifteen minutes to a temperature of more than 37° Centigrade. The opsonic index is a term used to indicate the functional measure of the blood serum to prepare bacteria for ingestion and destruction by the leucocytes. Bacterial vaccines are suspensions of killed bacteria in normal salt solution.

Vaccines are of two classes: "Autogenous" or "personal,"—that is, made from bacteria taken from the individual under treatment; or "stock,"—that is, vaccines made from germs taken from individuals suffering from the same disease that it is the aim to cure.

While it is not pertinent here to discuss the reasons, experience has pronounced decidedly in favor of the personal vaccine.

A lowered "index" favors infection. Increase the opsonic index and the resisting power of the organism is increased.

A related question arises here as to whether there is in the blood a specific opsonin for every germ. This must at the present time be regarded as an absurdity. However, there may be, as is at present believed, in the normal serum a substance called pre-opsonin, from which under the stimulation of bacterial invasion there can be formed the special opsonin needed for the protection of the body.

Some years ago, it will be remembered, the theories of Metchnikoff regarding phagocytosis and its role in the protection of the body from bacterial invasion, and the theories which the discovery and the successful use of anti-toxin brought forth, seemed to be at variance.

Now we know these to be distinct processes, and in the discovery of the new substances, the opsonins, we recognize the truth of the phagocytic theory, but at the same time the phenomenon is shown to be much more complex than it at first appeared. In no way does it invalidate the claims of the anti-toxin.

To illustrate the complex nature of phagocytosis, leucocytes separated from the blood and mixed with bacteria grown on arti-

ficial media, will not digest the bacteria as well as if the same bacteria were injected into the blood of a living animal.

The blood, then, must contain some substances that render the bacteria capable of being ingested. These substances are the opsonins.


The application of this theory as worked out by Dr. Wright is somewhat as follows: Increase the quantity of this substance in the blood and thereby increase the resistance of the body to bacterial disease.

To accomplish this increase, the injection of sterile cultures of germs or bacterial vaccines is made. The ingestion of these dead germs calls heavily upon the supply of the opsonins and there is a temporary lowering of the resistance of the organism to the disease, but this is soon followed by a reaction characterized by a decided increase in the opsonins brought about by the demand for an increased supply. In other words, the production of opsonins is stimulated by the demand for them. With this increased supply, comes increased resistance. This artificial stimulation is continued until the opsonic power has reached its limit, or the organism has reached the stage of maximum resistance.

There are conditions present during the administration of the vaccines that are perhaps of interest to us. These are known as the positive and negative "phases."

Following the administration of the vaccine appropriate to the individual, there follows the lowering of the opsonic index known as the "negative phase." This persists for a short time when there ensues an elevation of the index above its original point, to which condition the term "positive phase" has been given. This stage, after reaching its maximum, may remain stationary for days or even weeks.

These phases are recognizable only by the determination of the opsonic index of the patient, when the proper dose of the vaccine has been given. If, however, the dose of the vaccine has been too large, the aggravation of the patient's condition may give evidence of these conditions. If, also, the dose of the vaccine is repeated before the negative phase terminates, there will ensue a depression of the opsonic index to the detriment of the patient.



If the second injection of the vaccine is given during the positive phase there will be an accumulation of positive phases even though there be a relative negative phase produced.

The dose of the vaccines cannot be determined arbitrarily as both the virility of the invading organism and the susceptibility of the patient are factors to be taken into consideration. The initial dose recommended is always to be the minimal quantity.

With regard to the repetition of the dose, it is recommended that it be given late rather than too early.

Great practical as well as theoretical interest attaches to this work because in the visible conditions of the blood we find what are soon to become in the hands of the skilled physician the absolute diagnostic factors as well as the most reliable indications for treatment.

The blood with its various elements is the most important tissue in the organism and it is not strange that we should look to it for evidence of disease and for the indication for treatment. Not only are the signs of bacterial invasion to be found in the blood but we already know much of conditions of the blood in the disease of metabolism and of the ductless glands. It is not remarkable that the blood pervading all tissues as it does, carrying to and absorbing from the most remote cells of the body the vital elements of nutrition and waste, should manifest in some way the presence of disease of whatever kind or degree. We have long since learned the value of the leucocyte count and the other blood examinations as indications for treatment as well as for diagnostic purposes. Blood counts and the estimation of the opsonic index are to be perhaps the short cuts, as it were, to the diagnosis and treatment of disease instead of an otherwise laborious taking of the complete symptomatology. The opsonic index taken in the individual case is relatively the equivalent of the patient's symptomatology. This of course will only come when experience has taught us to read all of its indications aright.

The work suggests also the possibility of there being in our own familiar drugs the power of influencing this opsonic index, opening, thereupon a wide field for future investigation. It may

point more truly the role that drugs play in the cure of disease and remove much doubt as to their real efficacy.

If it were possible to estimate the opsonic power of our drugs it might also be possible to reduce the potentization of our drugs to a system more physiological than mathematical in its method.

Bacterial infections of the organism are attended and followed by certain complexes of symptoms; if the symptomatology of a drug proving is of striking similarity, it is fair to assume that the complex chemical substance or the virus of the bacteria is very similar to that formed by the cells of the body after appropriating the drug substance offered to it. Or to state it in another way: remedies or drugs known to affect the cells of the body in a certain way and that similar to the manifestations of bacterial disease and to be at the same time of acknowledged power in the cure of disease, may be assumed to have the power of stimulating the formation of the opsonins, if indeed they are not identical with them so far as their effect upon the germs is concerned.

Other points of especial interest to the homeopath are the individualization of the case as well as the disease and the individualization of the dose, the minimum quantity, the repetition of the dose only when specific indications call for it, or in other words when improvement ceases.

This study suggests, too, that perhaps the role of our drugs, although given upon indications obtained in the same way, may not always be the same, just as we find a number of these bacteriotrophic substances affecting disease germs and conditions in various ways.

To illustrate, may it not be possible that, in the action of quinine upon the plasmodium of malaria, it is not a simple poison to the parasite but a means of preparing the parasite for its destruction by the blood cells. To what action may we ascribe the undoubted cures of active malarial conditions by the use of Nat. Mur. and by many other highly divided homeopathic drugs.

We certainly need investigation of our drugs with more reference to their power to influence bacterial infections. We need to be able to classify our remedies so that we may know whether

we are giving substances that are going to fit not only the symptomatology of the disease but actual pathological conditions.

If we can come to the point of classifying our drugs as to their bacteriotrophic power or if we can say that a drug is of use in disease of metabolism, we will have made a great stride toward their total justification.

Let us take for example, the drug "echinacea," that is so much used and lauded in the treatment of infections; why should we not learn whether it raises or lowers the opsonic index of a patient? Why is it of use in so wide a variety of infections? Does it stimulate the formation of the hypothetical "preopsonin" from which the specific opsonin is split off as occasion demands?

And what of those great agents that we are using every day, ars., rhus., gels., etc.

In conclusion, may it not be said that whatever changes in our view of the bacterial vaccines the future may bring, whatever limitations may be set upon it, it is certainly a forward stride in the march of medical progress that will mark an epoch.

It may take in the very near future, too, a very important place beside the other trusted agents of the true physician who will try it in the fire of time and experience.

HOMEOPATHIC TREATMENT OF RHEUMATISM.

C. A. PAULY, M. D., CINCINNATI.

Within the last few years different theories have been advanced as to the cause of rheumatic fever. A bacteriologist claims to have discovered two distinct bacteria which upon injection into animals have caused inflammation of the joints and of the endocardium and other serous membranes, accompanied by fever. "Organisms have been obtained from rheumatic nodules in pure culture and have reproduced in the rabbits pericarditis and polyarthritis."

Many observers believe the tonsils are the point of infection of this disease and that bacteria of the streptococcus form multiply upon the tonsils and give off toxins which are absorbed and help to produce fever. If this theory is true, we ward off many attacks of rheumatism with aconite, belladonna and mercurius biniodide. Other investigators advance the idea that lactic acid is the real cause of rheumatic fever. One writer claims to have produced rheumatism by injecting lactic acid and by its internal administration.

The neurologist brushes aside the theory advanced by the bacteriologist and says the disease has its origin in the nervous system. "Cold and dampness affect the nerve centers, through which changes in the metabolism are induced and there is retention of a material, such as lactic acid, which should be eliminated, but which, while circulating through the blood, gives rise to rheumatism."

While the cause of this disease has not been fully determined the general opinion leans toward the bacteriological theory. Rheumatic fever bears a strong resemblance to sepsis. The general course and symptoms of the fever are so closely allied to specific infectious diseases, that there is reason to believe the fever is due to micro-organisms.

From the clinical side, we know that rheumatic attacks may follow exposure to cold or dampness; we know the fever is most common in spring and fall and that at times it seems to be epi-

demic. It is more common in the young between the ages of twenty and forty; older people usually have subacute or chronic rheumatism with acute exacerbations. We know the attacks come on suddenly, but are often preceded 24 to 36 hours by listlessness, chilly sensations and sore throat.

GENERAL TREATMENT.

When rheumatic fever begins, one or more of the joints swell rapidly and become very painful and tender. Measures for the comfort and relief of the patient should be resorted to at once. The sooner rheumatic fever is controlled the less likely is endo- or pericarditis to appear as a complication. Attention should first be directed to the bed; it should be neither hard nor soft; wire springs and a hair mattress with rubber sheet and double blankets will answer all purposes. Let the covering be light, have the patient wear flannel and sleep between blankets, if there are no objections. He should be kept in bed until the fever subsides and convalescence is well established.

The heart should be examined at each visit and temperature taken three times daily. "Irregularity in the pulse, pain about the heart, or oppression, or sudden rise of temperature without the involvement of new joints should lead to an especially careful examination."

LOCAL TREATMENT.

It is important to keep the affected joints at rest; there will be less pain and more rapidly will the local process run its course; wrapping the joints in cotton, applying a starch bandage, or the application of a splint should be helpful.

For the relief of severe pain, use hot fomentations or cold compresses to the joints. Frequent sponging and changing of clothing will be necessary for cleanliness and the comfort of the patient.

DIET.

While the fever and the pain and swelling of the joints last, the diet should be liquid; milk is preferable. Patients who cannot take milk may be given soups and broths, flavored with vegetable

extracts; give barley and oat meal gruel. For the thirst, plenty of cooled water, lemonade or barley and oat meal water flavored with lemon.

During convalescence, the diet should be farinaceous, but not saccharine—rice, oat meal, corn meal, milk toast, malted milk and wine jelly. When convalescence is well established, give solids—eggs, fish, oysters, white meat of chicken, bacon and sweetbreads, with vegetables, spinach, lettuce, green peas, mashed potatoes, fresh and stewed fruits without sugar.

INTERNAL TREATMENT.

There are more than ninety remedies to be found in our materia medica for the treatment of rheumatism. For the acute articular variety, there are few remedies, but they will serve us well if properly selected. For the fever we have aconite and bryonia. Particularly when there is great restlessness, anxiety, thirst, full bounding pulse with high temperature in nervous and irritable plethoric individuals; the joints are swollen, red and exceedingly sensitive to contact.

When endo- or pericarditis has supervened give aconite in the first or second dilutions every hour; when aconite seems to have exhausted its force, bryonia is nearly always the remedy to follow.

Bryonia's field of action is unlimited; it is indicated in all forms of rheumatism and most of the complications, such as cardiac, and in pleurisy and pneumonia.

Bryonia attacks the joints and muscular tissue; the joints are greatly inflamed, dark red, swollen and very hot; the pain is sticking and tearing, worse from motion; the fever is high, tongue coated white; great thirst; bowels constipated. In muscular rheumatism, bryonia is indicated when the seat of the disease is in the muscles of the chest or trunk. The pains are tearing and inclined to shift from one place to another.

Belladonna.—High fever, hot, dry skin, thirst, throbbing headache; pulsation of the carotids; fearing, cutting pains deep in the bones, coming and going quickly; bright, red, shining swelling of the joints; pain worse at night and from motion and touch.

Colchicine, as recommended by Goodno, is an excellent remedy in acute articular rheumatism. Use from three to five drops of a solution of 1 gr. to 1 oz. alcohol every two, three or four hours, according to the age of patient and intensity of the pain. This remedy should be pushed to almost the point of physiological action to control the fever and relieve the pain and swelling of the parts.

Rhus toxicodendron acts upon the fibrous tissue and the sheaths of muscles. In acute articular rheumatism, rhus is indicated when there is violent fever with a tendency to typhoid; delirium and great restlessness; the swelling of the joints is slight; the pain extends from the joints along the sheaths of the muscles. The pain forces the patient to move though motion does aggravate; there is soreness and stiffness; damp weather and exposure to cold aggravate; warm applications relieve.

Arsenicum.—Burning, stinging, tearing pains with pale swelling of joints; restlessness; anxiety, especially at night; profuse sweat which relieves the pain. The affected joint has to be moved constantly; applications of heat give relief.

Mercurius is a remedy to be considered in the treatment of acute rheumatism. "The fever runs high; the pulse is remarkably quick and hard; the perspiration is very copious, has a musty smell; the thirst is annoying; the local swelling is not very great, but painful and intensely red; the breath is foul; the tongue has a thick yellow coating; the appetite is gone; every kind of food causes nausea; the pains are worse at night, towards midnight. Aggravated by severe cold and relieved by warm applications. In muscular rheumatism, mercurius is indicated when the pains increase at night and are deep seated as if the periosteum were attacked, with great sensitiveness to pressure.

Mercurius deserves a leading position in the complications of the vital organs, in cardiac inflammation, in pneumonia, pleuritis and meningitis."

Pulsatilla is indicated in both the acute and subacute forms; there is not much swelling or redness; the pain jumps from joint to joint; the knees are the parts usually involved. There are gastric and liver disturbances.

Ledum has a place in the treatment of the smaller joints, cimicifuga and phytolacca the muscles, spigelia in the heart complications, and ferrum for anaemia caused by the rheumatic attack.

References: Baehr, Bartlett, Goodno, Dewey, Forchheimer and Osler.

DISCUSSION.

Dr. Munns: The paper is before you for discussion.

Dr. Pulford: It seems to me we would learn more by stating the symptoms of the rheumatic patient and the remedy indicated and given than by simply discussing the pathology. Not all remedies have their peculiar bearing on rheumatism, but every rheumatic patients has, through his symptoms, peculiar indications for a remedy which it is important to know.

Dr. Cash: There is one point about which I want to know. They speak about keeping the joints at perfect rest. I started in practice that way and was taught that way—to believe that it was correct to keep the joints at rest. But my experience has taught me to keep up motion, even if it is painful; you will have a much more rapid recovery and no stiff joints, while by the other way, if you let the joint become stiff because it is painful to move it, you will have a stiff joint quite a while.

Dr. Hoyt: The paper does not make a note of one thing from which I have seen a good deal of comfort, and that is the production of artificial hyperemia in these cases of painful joints, by the methods advised by Bier. This gives a great deal of comfort and relief, particularly in the more chronic cases of rheumatism of the joints.

Dr. Zermuhlen: The doctor spoke about massaging the joints. I believe thoroughly in massage. If you massage the joints to start circulation it removes hyperemia. There is congestion there; your duty is not to produce hyperemia but to relieve it, and you will relieve the patient very much for the time being. Another thing I want to mention is iodine; I believe it is a drug not used very much, but I have seen excellent results from it.

REPORT OF CLINICAL CASES TAKEN FROM MY CASE-BOOK OF FIFTY-EIGHT YEARS AGO.

D. H. BECKWITH, M. D., CLEVELAND.

In March, 1850, a medical student passed through the City of Dayton on a stage coach bound for his home in Norwalk, Huron County, Ohio, to become a partner of his preceptor, John Tift, M. D., who was one of the best physicians in Northern Ohio. The young man's worldly possessions consisted of two diplomas from the Eclectic Medical College of Cincinnati. One of the documents stated that he was qualified to practice Eclectic medicine; the other one stated that he was qualified to practice Homeopathic medicine. It was the first homeopathic diploma issued from a medical college in Ohio giving the right to practice the new school of medicine, also among the first in the United States and, I think, among the first in the world.* While the stage stopped in Mt. Vernon, I (for it was myself of whom I have written) met my father's family physician who had left Sandusky to escape the ravages of cholera, so fatal in that city. To him, I expressed a desire to go there, so he gave me a letter to be presented to his son, Dr. Daniel Tilden, requesting him to allow me to see cases of cholera in all its stages.

The ride from Cincinnati to Norwalk by stage was a tiresome journey and I was glad when I reached the office where I was to begin my life-work in the practice of medicine. I found a letter awaiting me from the physicians of Norwalk requesting me to take charge of all cholera cases which might occur in the city and its vicinity. It was a compliment as unexpected as it was undesired. However, I accepted the honor with its accompanying responsibility which had been so unanimously thrust upon me by these older physicians.

Case I.—While in deep meditation as to my future work, a call came from Dr. George Baker requesting me to take charge of

Note.—The Hahnemann College, of Philadelphia, granted diplomas a few days later.

a cholera patient, a young man living four miles distant, who had just come from Sandusky.

The night was dark, the roads were in bad condition and the rain was coming down in torrents. However, I was soon on my way, seated in an open buggy between two countrymen. Soon a bottle of whiskey was offered me and I was asked to take a drink as a preventive against cold. But I decided that I did not need it. My companions drank freely and soon were quite hilarious. Then they produced strong clay pipes loaded with rank tobacco. Since that night, whiskey has had no charms for me and the odor of tobacco I have detested.

In due time, the home of my patient was reached. It was a one-story, one-room house with a large fire-place, in front of which were lying two dirty dogs. The room contained the family of six. There were two beds, in one of which was my patient, while the other was occupied by the mother, who was ill with dropsy.

My patient presented the following symptoms: Great nausea, vomiting, copious, watery, offensive stools mixed with white flakes; there was coldness of the entire body, cold clammy sweat, slow and feeble pulse with cramps in the fingers and calves of the legs. After consulting Jahr's repertory, I gave *veratrum album* 6x. The cramps, vomiting and purging soon subsided and soon the patient was sleeping quietly. No other medicine was given and the patient made a rapid recovery.

Tired and weary, I requested to be shown my room, supposing that the house had an addition. The mother was asked to give up her bed so that I might retire. Suffice it to say that I had an early breakfast in Norwalk, after a four-mile walk in the mud and rain. The effect of the medicine in this case was so quick and effectual that it gave me more confidence in the new system of practice.

The next evening, my partner requested me to nurse through the night a prominent lawyer who had bilious colic. The paroxysms came on frequently and the patient was very restless, getting out of bed and running around the room, using language that would not have been permitted before a legal tribunal. The

patient was about forty years of age, of nervous temperament and had a rapid, wiry pulse; the pains were griping and cutting, the abdomen was very sensitive to touch and there were cramps in the calves of the legs. I gave him colocynth 3x and applied hot fomentations to the abdomen, soon giving him relief. Again, I saw the curative effect of small doses.

Three days later I was in Dr. Tilden's office ready to accompany him among the dying and the dead, visiting cholera patients in all stages. Dr. Tilden's treatment was large doses of calomel and opium, tincture of capsicum and a compound consisting of cardimon compound, tincture opium, tincture catechu, with hydragrum cum creta. Large doses of brandy were given frequently in the third stage of the disease. Ice was given freely and hot fomentations applied to the body. For three days and nights I accompanied Dr. Tilden in his professional work.

I then entered the office of Dr. Cramer, a homeopath, and accompanied him for three days on his rounds. He prescribed arsenicum, veratrum album, cuprum and camphora, the latter remedy being given in the first and second dilution. Ice was given freely, hot applications were applied and in the third stage brandy was used freely.

The homeopathic practice was much more successful in all stages of cholera. There was a fair test of the comparative efficacy of the two systems of treatment, the cases treated having the same location, the same sanitary surroundings and the same environments. I was well satisfied that homeopathy was much more successful in the treatment of cholera than the old school method of using large doses of drugs.

No satisfactory explanation could be given by physicians or scientists as to the cause of the disease, nor why Sandusky should have had such a severe epidemic with such a large mortality. Had we been conversant with Hahnemann's teachings and believed them, we would have attributed the disease to the action of germs in the human system. He claimed the cause to be "the invisible, living creatures, so inimical to human life, of which the contagious matter of cholera most probably consists."

and Pasteur were the first scientists to suggest the germ theory of cholera. The rapid strides of sanitary science have prevented the spread of the disease and it is now classified as preventable.

May 18th, 1858, I had a night call to the hotel to see W. Burke, age 36 years. He was suffering from his third severe attack of pleurisy. In the previous attacks he had been bled twice and given large doses of calomel, followed by antimonial preparations. Obtaining my patient's consent, I resolved to give him frequent doses of aconite and bryonia, promising that if he was not better in an hour I would bleed him. The hour was passed in great anxiety on my part. I was testing small doses in a desperate case. At the end of the hour, I sheathed the lance, banished the blister-plaster and dispensed with the calomel. In his previous attacks, my patient was two weeks in making his recovery. May 21st, three days after the inception of this attack, he walked into the hotel office and said, "Hurrah for little pills." The boarders and hotel proprietor insisted that the patient should have more heroic treatment, but I stood guard over him for thirty-six hours and allowed no one in the room but the nurse. It was a triumph for aconite and bryonia.

Three days later, I was called to an adjacent village, Monroeville, to see a case of pneumonia, the patient being a child three years of age, the granddaughter of Dr. Cole and the niece of Dr. Cook, who had been attending her for three days. The mother was a patient of Dr. Marcy of New York. So insistent was the mother that the child should have homeopathic treatment, that the doctors finally consented. Bryonia, tartar emetic and sulphur cured the case, the mother and myself taking entire charge of the child until she was convalescent. With pride and conceit, I called the attention of the old doctors to the efficacy of homeopathic treatment. Dr. Cole, in a dignified manner, said that close attention and good nursing would cure any case. Dr. Cook became half a homeopath and treated pneumonia with homeopathic remedies later in his practice.

In September, 1858, an epidemic of dysentery of a very severe form broke out in Norwalk. The disease did not yield to

medication as soon as I desired and I resolved to treat the cases under my care with allopathic and eclectic medication. I so informed my partner, but he told me not to surrender but to wait a few days longer. No deaths occurred and I was then satisfied that homeopathy had a much less death-rate than the old school. I resolved to give it a more thorough test.

The County Infirmary had about one hundred inmates when the epidemic appeared. Dr. Tift treated the male patients while I took charge of the females. Here the diet, nursing and sanitary surroundings were the same in both departments. In the course of ten days, Dr. Tift lost three cases which were treated allopathically. There were, up to this time, no deaths under homeopathy. Dr. Tift then refused to attend any more cases and I had thirty of them under my care. I lost but one patient, a woman over eighty years of age.

Cases of scarlet fever and croup were successfully treated. I am free to confess that my first year's work convinced me that I must ever afterward practice under the banner of homeopathy. I have never seen the action of medicine more prompt than during that year, 1858.

BUREAU OF SANITARY SCIENCE

W. G. Hier, M. D., ChairmanMadisonville
"Food."

W. J. Blackburn, M. D.Dayton
"A Plea For a Better Milk Supply."

FOOD.

WM. G. HIER, M. D., MADISONVILLE.

Air, water, and food are three essentials for healthful living. Of little use is it to provide pure air and clean water, if the substances eaten are not capable of combining with the oxygen of the air, or of being dissolved in the water or digestive juices; of still less use is it to partake of substances which act as irritants and poisons on the tissues which they should nourish and thus prevent healthful metabolism and respiratory exchange; and yet a majority of those who have acquired some idea of the meaning and importance of pure air and are beginning to consider it worth while to strive for pure water, pay not the least attention to the sanitary qualities of food; the palatable and aesthetic aspect only, appeals to them.

Human force is derived by releasing the stored energy of the food in the body.

The delicately balanced mechanism of the human body suffers even more from friction than the most sensitive machine and the greatest loss of potential human energy occurs through ignorance and reckless disregard of nature's law in regard to food.

It is necessary to know, first, What is the normal composition of the given food material? Second, Is the sample under consideration normal? If it is not normal, in what way does it depart from the standard, both in healthfulness and in quality? Third, If a food substance is normal, what are its valuable ingredients, and in what proportions are they to be used in the daily diet? To answer these questions requires an analysis of

the foods under consideration and a comparison of the results with standards.

In regard to meat, milk and fish, the sanitary aspect for the chemist resolves itself into two questions, namely: Is the substance so changed as to become a possible source of poisonous products or has anything in the nature of a preservative been added to it? If so, is it of a nature injurious to man?

There is a great range of quality in some of the most abundant food stuffs, such as the cereals, especially in the nitrogen content; this is most important to the vegetarian and to institutions where economy must be practiced. One sample of wheat flour may contain 14 per cent. of nitrogenous substance, another may yield only 9 per cent.; the difference would be serious in the dietary of an institution where little additional proteid is given, and it alone might be the cause of dangerous under-nutrition.

The next step would naturally be to determine how definitely these varying percentages mean varying nutrition. To this end, a study of vegetable nitrogenous products in their combination or contact with cellulose starch and mineral matter is needed.

At the low cost of one cent a pound, common vegetables yield about one-fifth as much nutriment as one cent's worth of flour, yet they contain essential elements and deserve to be carefully studied.

Probably the widest field for the sanitary chemist today, is the study of the so-called predigested foods, infant foods, hygienic preparations, two-minute cereals, and the countless proprietary packages which, designed to meet the demand for quick results, prove traps for the unwary; therefore, the sanitary aspect of food demands a study of normal food and food value, even more than adulterants or poisonous food, ptomaines and toxins.

The cultivation of intelligent public opinion is most important. The office of the sanitary chemist should be to so diffuse knowledge as to make it impossible for educated people to be deluded by the representatives of unprincipled dealers.

Freedom from superstition is just as important in this as in the domain of astronomy or physics.

A part of the common knowledge of the race should be the essentials of healthful living, in order that the full measure of human progress may be enjoyed.

There is needed a greater respect for food and its functions in the human body, a better knowledge of its effects in the daily output of energy and its absolute relations to health and life and the enjoyment of the same. No hard and fast rules can be given either as to quantity or the quality of the daily diet. Men otherwise sane are most reckless where food is concerned.

The nutritive value of a food depends upon the quantity of its ingredients which under normal conditions may be useful to the human organism.

We determine what chemical elements enter into the composition of the body by analysis of the various organs and tissues. We learn what combinations of these elements serve as food, by determining those present in the mother's milk and in food stuffs which experience has proved to furnish perfect nutrition. From these studies, it is apparent that about fifteen chemical elements are constant constituents of the human body: that about 1,000 natural products are known to have food value; that, of these, 100 are of world-wide importance and that 10 of them form nine-tenths of the food of the world.

While the food stuffs present great variety, they may be grouped under four headings, viz.: Nitrogenous substances, or proteids, fats, carbohydrates, and mineral salts. Each group contains many minor, but often essential differences.

A certain quantity of highly nitrogenous food should form a portion of the daily supply. A deficiency of nitrogen is made good to a limited extent by the protective agency of the other food stuffs which offer themselves for all the offices except the final one of tissue building.

For their protective action as well as for other purposes, the fats are most valuable, and if they occur in about the same proportions as do the nitrogenous elements, the needs of the organism seem to be well met.

Thus, in mother's milk, in eggs, and in meat from active animals, these two are in nearly equal proportions, while in

cereals the fat is less; in nuts and in meat from fattened animals, as a rule, it is higher than nitrogen. Little is known as to the varying food value of these fats from different sources.

That it is not absolutely necessary that the food should contain fat as such, seems to be proven by experiment, but from the fact that nearly all food substances do contain it, we may safely assume fat to be an essential of the human dietary.

That the equality of fat with nitrogenous compounds is not essential is proved by the fact that the strong draft animals, horses and oxen, take food in which the per cent of fat is not more than half as much as of proteid; nevertheless, it is present in the food of all animals and doubtless in its turn is protected by an excess of the third class of food stuffs, the carbohydrates, characteristic of the vegetable kingdom. In this class, we have the starches from scores of plants, sugars from as many more, gums, pectens and dextrins, all with a certain food value, dependent probably upon the utilization of the various mixtures with which they are taken into the alimentary canal. These food stuffs are very liable to fermentation, that is, to an acid decomposition which prevents their absorption by the delicate linings of the intestines, and which causes digestive disturbances.

The sugars, which are very soluble and therefore liable to be present in excess, are especially subject to this change.

The fourth class, mineral salts, comes into the food largely from the vegetable substances eaten, for in these the union is an organic one, readily assimilated. Certain elements go with the nitrogenous portions, as, for example, in gluten and its congeners are found sulphur and phosphorus. Potassium, found in barley, is a constant constituent of protoplasm, while in sodium is found blood serum. A lack of vegetable foods seems to impoverish the blood corpuscles.

For children, a deficiency in lime causes serious disease. The most serious aspect of the food question is that the taking of it is voluntary and that the most fantastic ideas are allowed to rule.

Figs, dates, raisins and prunes are apt to be regarded as luxuries, instead of rich food substances of a most digestible

kind, when freed from skin and seeds. Nuts are a much neglected form of wholesome food, admirably suited to a winter table from their richness in fats and also furnishing muscular energy.

With nuts, however, must be taken fruits or other bulky foods to balance the concentration.

Where opportunity is given for the unscrupulous dealer to increase his gains at the expense of the health and lives of the people, children especially, it is eagerly seized upon, and milk diluted with water, colored with coal tar products and preserved with borax or formaldehyde, is furnished so long as the community is ignorant enough to permit it.

The average buyer is content to be governed by the familiar appearance and is quite satisfied if he sees a dead bee in his honey, and the usual form and color in his coffee bean.

In order that the community may be supplied with safe food, as well as with safe water, the education of the individual is important, even essential, since food is even more completely under individual control than is water. It is true that state and municipal regulations exist and should be enforced as to palpably noxious substances and those that are notoriously fraudulent.

The relation of the citizen to these is the same as to the purity of the water supply; it is his duty to uphold the hands of the authorities in the necessary expense of inspection and prosecution.

The craving for something new to stimulate a jaded appetite already spoiled by endless variety and bad combinations, has led to the manufacture of a cereal preparation for nearly every day in the year.

Little do people know about wheat or cooking if they suppose that the grain can be changed by manipulation in any kind of a machine so as to give greater food value than was contained in the grain.

While it is true that some of these preparations are far better than the half-cooked grains found on so many tables, the fact remains that the fault is with the cook, and not with the substance.

It is not always best to partake of food which is too easily digested. The excessive fear of indigestible food which prevails among the wealthier classes may lead to debility of the intestinal muscular walls.

A predigested food is quickly absorbed into the circulation and hence a small quantity causes a sense of fullness and satisfaction, which, however, soon passes away and a sense of gone-ness or faintness results. This is especially true of sugars and dextrines.

Frequent meals should go with these easily absorbed foods. This rapid digestion is the cause of much pernicious eating of sweets between meals, which satisfies the appetite for the time being and prevents substantial quantities of other foods being taken at the time they are offered.

The use of canned goods brings certain dangers in the dissolved metals from the cans or from the solder, also from a careless habit of allowing food to stand in open cans.

The desire for bright green pickles and peas, lead to coloration by copper salts. The excessive use of preservatives is caused by the craving for food out of season and out of place; for summer fruit in winter, for oysters a thousand or more miles inland. The difficulty of furnishing enough milk, leads to the dilution of water, either indirectly through the breed and feed of the cow or by direct dilution; and the extensive demand for cream tends to encourage the topping of milk.

The dangers in butter are largely increased by the practice of doubling the yield by a treatment of milk with rennet and salt, black pepsin or other nostrums which work a large proportion of curd into the butter and render the mass much more liable to decomposition. Since the food value of curd is only half that of fat and since it also carries more water, the fraud is serious on both sides.

The chief dangers in foods are from wrong proportions of proteid, fat and carbohydrates, from fermentable and irritating decompositions, from bad methods of cooking and unsuitable combinations, from transmission of microorganisms, either by exposure to dust or by contact with filthy hands or vessels which are favorable mediums for the growth of pathogenic germs.

A PLEA FOR A BETTER MILK SUPPLY.

W. J. BLACKBURN, M. D., DAYTON.

Much has been written within the past few years on the subject of a better milk supply. This writing has appeared chiefly in the medical press.

The importance of a pure milk supply ought to be self-evident to every practicing physician. When we consider that milk forms a part of the daily food of the majority of people, and the major part of the food of so many thousands of artificially fed babies and that this food is usually taken uncooked, we see the extreme importance of having it pure. To say more on this particular point to a body of physicians would seem superfluous.

The majority of physicians, I believe, realize that we perhaps have no other source that is so prolific of the spread of certain classes of diseases, especially among children, as the supply of milk which is ordinarily found in most of our cities and towns.

Being cognizant of this fact, our duty as physicians, as students of preventive medicine, as conservators of the public health, should be very plain indeed; namely, to bring about at the earliest possible moment a feasible plan for a better milk supply.

In our efforts along this line we have expended much time in educating physicians in something they already know, or at least should know, and we have failed to put forth the proper endeavor to inform the laity on this vital question. We have tried to force laws upon the people to compel a better milk supply, while they could not see the necessity for such laws; it meant an added expense to them and they did not realize the importance of revising the methods of our ancestors or of changing plans to meet changed conditions. True, many of our more intelligent citizens have readily fallen in with physicians' ideas on this question, but they do not represent the majority.

The majority of the members of our law-making bodies may coincide with our views regarding the milk question, and y they are shrewd enough to see that, should they enact stringe laws on this subject before the people are ready to believe th

are necessary, it might mean their political death and many of them have more thought of their official positions than they have for the health of the community.

I do not wish to decry the necessity of the various appropriations to the different departments outside of the Boards of Health of the government of our cities, but I do say that the importance of the large amounts annually appropriated to the departments mentioned, pales into insignificance, when compared with the importance of an adequate appropriation for use of the Boards of Health. We are repeatedly making large appropriations to our Boards of Public Safety for the purpose of protecting our citizens against dangers which may never come—yet we must be prepared for them if they do come—and making niggardly appropriations to the Boards of Health for the protection of our citizens against dangers which are tenfold greater and which are sure to come.

Every year thousands of lives are sacrificed on account of impure milk. How comparatively few lives are lost by fire and murder? True, our property is also protected by our fire and police departments as well as thousands of lives saved, yet is it not just as important to try to save the thousands of lives lost annually by impure milk causing fatal diseases among our children?

Gentlemen, we may preach the evils of a bad milk supply to the medical profession until doomsday and we will fail to accomplish what we desire unless we preach this to the laity and educate them to such an extent that they will demand a pure milk supply.

How then shall we accomplish this?

If the homeopathic school wants to do something that will make its influence felt, let this Society appoint a committee whose duty it shall be to divide the State into districts—each district to be in charge of a subcommittee, who shall see to it that in each county there is a competent committee of able physicians and others whom they may see fit to choose, whose duty it shall be to have published in the county papers a series of articles on a better milk supply. These articles should present the matter in

a way that could easily be comprehended by all. Let this instruction take up the statistics giving fatalities from diseases produced by impure milk. Explain the dangers from contamination of the milk at the dairies by uncleanness on the part of the dairymen—the dangers from unhealthy cows. We must teach the people what clean milk means, for the majority of people do not realize what is meant by the absolute cleanliness necessary to a pure milk supply. We cannot expect the people to demand clean milk nor the dairymen to furnish it unless they realize what conditions are necessary to be complied with. Many dairymen really believe they are clean about their milk who do not know that it takes boiling water or steam rightly applied to properly cleanse milk cans and in whose monthly supply of milk could be found enough cowdung and other foreign matter to fertilize a good-sized garden patch. If people were compelled to eat upon their bread each day, or go without it, the amount of cowdung and other filth found in a half gallon of milk from the majority of our dairies, I'll venture the price of wheat would drop to 25 cents per bushel, or less. And yet we drink this milk—dung and all, and smack our lips at its "deliciousness," on the theory, I presume, that "what we don't know don't hurt us."

Gentlemen, the majority of our dairies are filthy places, whose products are unfit for civilized people to use with safety. Ignorance, dishonesty and loose laws make unclean dairies. Intelligence and honesty alone could make them clean; stringent laws properly enforced added to these will compel them to be clean. To get the people to demand stringent laws on this subject, we must teach them what clean milk really is and the importance to the health of the community to have it; that it means, first of all, clean, healthy cows, kept in clean, well ventilated stables and fed on the proper kind of food, with pure water to drink; that the milk must be received in clean containers by clean people, after which it shall be properly cooled and so until delivered to the consumer; that it should be sold to the retail buyer in sealed bottles only and never in open milk cans hauled about the city in a wagon. Explain

all this. They should also be taught what the qualities of good milk are. And I would go further in this teaching and have this subject taught in our high schools; its importance surely warrants it.

One of the greatest difficulties to get the people to coincide with the certified and inspected milk idea is the increased cost. The average man with a salary none too large to meet the necessities of life cannot see the justice of paying from 9 cents to 15 cents per quart for milk—even for the baby. It looks like highway robbery to him. He would see this in a different light if he were well informed on the subject. It is also necessary to explain the hardships of the dairyman and his increased expense in the production of pure milk. One of our city dairies recently prepared to furnish certified and inspected milk. I asked the proprietor the other day how he was coming out. He replied that he could make it pay at 9 cents and 12 cents per quart if he could get the support of the people; many people thought the price exorbitant and that his milk was no better than that of other dairymen who furnish milk for 6 cents and 7 cents per quart. People would not say this if they were well informed on the subject of a pure milk supply.

I believe every town of any considerable size should have at least one dairy that furnishes certified and inspected milk, so that physicians can recommend this milk for the use of their sick patients. I believe that every town of any considerable size should own and operate a pasteurizing plant until such a time as the people will demand that all milk shall be of a quality equal to that of certified and inspected milk. This municipal pasteurizing plant should be under the personal management of an officer of the Board of Health. A plant of this kind should be self-sustaining and would give the people, while passing through this period of education, at least a safe milk supply.

I want to quote a few words from an article by Dr. Goler, of Rochester: "We establish children's hospitals, we employ physicians to cure children affected with diarrheal diseases caused by dirty milk, and at great expense we build and equip Sanatoria for the treatment of the great white plague, yet we

permit the sale of dirty warm milk from filthy, tubercular cattle, while the Boards of Managers of Children's Hospitals and Sanatoria cry out for more funds. Has not the time arrived when we may spend more of our funds in preventing diseases, in educating the dairymen to produce clean milk, the public to demand and pay for clean milk and to insist that tubercular cattle be weeded out and their places taken by those that are disease-free?"

Gentlemen, it takes money to have a pure milk supply. Proper milk inspection and supervision cannot be accomplished on the paltry appropriations to the Boards of Health that are allowed at present in the majority of our towns and cities.

How are we going to get the appropriations sufficient to accomplish proper milk inspection? I answer, by educating the people so that they will demand it.

Shall we educate them?

PEDIATRICS

- W. M. Blaine, M. D., Chairman.....Youngstown
- Lincoln Phillips, M. D.....Walnut Hills, Cincinnati
 "The Perils Incident to the First Two Weeks of Life."
- Josephine Danforth, M. D.....Cleveland
 "Chorea."
-

THE PERILS INCIDENT TO THE FIRST TWO WEEKS OF LIFE.

LINCOLN PHILLIPS, M. D., CINCINNATI.

Thrown into a world where the life forces are ever on the defensive in the war for "Live and let live" and with the slogan cry of "The Survival of the Fittest" ever echoing and re-echoing through the chambers of the universe, the new born, hampered often by hereditary shortcomings, faces a crisis immediately upon entering the stage of an independent existence. The question is, not how many succumb, but how many do not.

The object of this paper is to refresh our memories on some of the more important causes of infantile mortality in the first two weeks of life.

I purposely specified the first two weeks of life because during this time so many deaths occur in which it is extremely difficult to make a diagnosis ante-mortem and because several serious conditions obtain only in that time. Conditions which are often forgotten or overlooked are tetanus, hemorrhagic disease of the newly born, and the acute pyogenic diseases.

Winckel's disease of acute hemoglobinuria and Buhl's disease of acute fatty degeneration, while considered separately, to my mind may well be classed with the hemorrhagic, though of undoubted infectious origin.

The child may "come before its time and scarce half made up" with physical defects in heart, lungs, brain, intestinal tract, etc. These defects are too numerous to be considered here.

One condition I believe often lost sight of, is congenital atalectasis—a more or less complete solidification of the lung. Oft times the heart is blamed for it and the case diagnosed “blue baby.”

Traumatic hemorrhage into the brain and other important viscera may often be overlooked and diagnosed only post mortem. A point not to be forgotten is that these hemorrhages may follow a comparatively easy and normal labor and that one-third of the deaths occurring during parturition are due to cerebral hemorrhage.

Allowing the infant to sleep with one or both parents, is not only a pernicious but a dangerous habit. One authority claims that one thousand infants are accidentally smothered annually in the city of London alone.

Inanition fever and acute starvation occurs far oftener than we imagine. Observation has taught me that there is an inanition fever in the early days of life, when the milk is slow in making its appearance or is deficient as to quantity or quality.

I have seen the temperature go up to 104° and the child be sick indeed. A bottle feeding would promptly bring the temperature to normal, when it would again go up unless the right kind of milk came into the breasts or artificial feeding was resorted to. Many a little one's spark of life has gone out at a breast supposed to be giving sufficient and proper nourishment.

We come now to the conditions that occur practically always during the first two weeks and to which I especially wish to call your attention.

Tetanus neonatorum prevails in many localities. In the Hebrides Islands about every fourth child dies of it. Many cases occur in parts of New Jersey and some of the southern states.

The baccilli (Nicollier's) are found in the soil. The point of infection is usually at the umbilicus, either before or after the cord comes off. It may occur at any point where there is abrasion or injury. It is uniformly fatal. The trismus (lock jaw) makes the diagnosis comparatively easy.

Hemorrhages are of two varieties—traumatic, of which we have already spoken; and spontaneous, or the now called hemorrhagic disease of the new born.

Contrary to usual belief, this spontaneous hemorrhage is not an indication of haemophilia or a bleeder, for this latter condition does not manifest itself until toward the close of the second year.

Spontaneous hemorrhage may occur from or in almost any tissue. The umbilicus is a frequent site. If stopped at one point, it usually begins somewhere else. If on the surface the diagnosis is easy, but if in some of the internal organs it is difficult and usually overlooked until post mortem.

The prognosis is very unfavorable. Various causes have been assigned,—syphilis, imperfect blood vessel walls, etc. Some are inclined to consider it due to an infection and I rather think that will eventually prove the correct theory.

I will but briefly refer to Winckel's and Buhl's Diseases.

When they occur it is usually as epidemics in institutions. They are infectious, rather rare and usually fatal.

Winckel's disease, or acute hemoglobinuria, occurs usually from the fourth to the eighth day and is fatal in one or two days. The onset is sudden; there is cyanosis; icterus becomes so marked that the child resembles a mulatto. Hence the name, sometimes, bronze malady. The urine is every scant and smoky. There are punctate hemorrhages in the viscera.

Buhl's disease, or acute fatty degeneration, occurs in children who have shown symptoms of asphyxia. There are hemorrhages from the bowel, vomiting of blood, icterus oedema and hemorrhages in the viscera, with fatty degenerations.

The pyogenic or pus infections, sometimes called pyemic, septicaemic or puerpural, are usually streptococcus or staphylococcus, and the point of infection is oftenest at the umbilicus, though it may be at any injury or even through the milk.

Erysipelas sometimes starts at the umbilicus and is usually fatal.

The pyogenic process may involve one or many organs and tissues. Omphalitis is such an infection involving the tissues

about the cord, externally. Internally the vessels of the cord may be involved for a variable distance—arteritis or phlebitis. Here is the point so often overlooked. The navel may present a perfectly healthy look externally and yet be the site of a fatal infection. On opening the abdomen the umbilical vessels may be found to be filled with pus.

From the entrance point, the infection spreads to other organs, so that we may have peritonitis, meningitis, cellulitis, pleuro-pneumonia, osteo-mylitis, etc.

The prognosis is, of course, bad. The symptoms vary with the organ or organs involved. Sometimes they are obscure, but in general they are those of septic infection, viz.: prostration, loss of appetite and flesh, rapid and weak pulse, variable temperature, diarrhoea, icterus and hemorrhages. In fact hemorrhage is one of the most constant and puzzling symptoms, for it may be so pronounced as to leave one unable to tell whether the condition is spontaneous hemorrhage or pyogenic, and the diagnosis is determined only post mortem. Ordinarily, of course, the constitutional symptoms are more profound in the pyogenic infection.

If there be a moral to this paper, it is—First: the cause of death in the first two weeks of life is not always of easy discernment, especially ante mortem. Second: since the great majority of tetanus and pyogenic infections start at the umbilicus, it is imperative that the cord be carefully cared for.

DISCUSSION.

Dr. Blaine: Doctor Phillips' paper is open to you for discussion. It seems to be the general opinion that the paper could not be improved upon.

Dr. Maxwell: Had I known the first two weeks of my existence would have been so dangerous, I would hardly have had the courage to be born.

So far as the feeding of babies in my practice I never give them anything but water until enough from the breast to sustain life, unless abnormal about the secretion of the breast.

Dr. Phillips if he doesn't find the temperature considerably above normal always in the newborn? I have made quite an extensive test of the temperature in cases of the newborn, and my experience is that always, in normal cases, where we expect to find nothing wrong at all, we have an elevation of temperature of a few degrees.

Dr. Pulford: I don't know why the essayist confines his discussion to the mortality of babies within two weeks. I never had a case die within two weeks, but have had many cases of defects in babies, some cyanotic, some with rickets, some with open fontanels and diarrhoea and with many other defects, but with the indicated homeopathic remedy I have saved most of them. Most of these cases will be found to be due to heredity.

Dr. Sawyer: I can well agree with my brother here who just spoke upon these perils of infant life for the first two weeks, but I should extend it to the first month, because many of these inherited weaknesses are chargeable to too little care upon the father's part. There is no question but that gonorrhea can kill—inherited gonorrhea can kill, and it is very seldom one born with that taint is going to survive despite all the care that can be given.

I believe the last clause of the paper spoke of giving the umbilicus great attention; also in a paper yesterday someone spoke about the care of the infant and how careful he was to tie the cord in two places and then cut between. I know there is a prevailing feeling that to leave the cord untied would result in the child bleeding to death. That is an entire mistake; we can make some progress in that way. Now there are two reasons why the cord should not be tied. Speaking about this cord being full of blood or pus from the umbilicus to the liver, if you cut that cord and let it bleed, what there is in there is going to flow out and that is all. There is no danger in a normal child of its bleeding. You leave the other end open, the placental end, and the bleeding from that loosens the placenta and the placenta comes away more easily. Now that is my experience after thirty years. If I have a normal healthy child, I don't tie the cord. There is no necessity for it.

Dr. Geohegan: The remarks in regard to leaving the cord untied appeal to one's reason very strongly, speaking from the standpoint of comparison with the lower animals; cattle don't tie the cord at all. I had one little lesson, however, the first two years of my practice that has prevented me from following these suggestions. I was called hastily one night to see a baby which had been delivered by one of the old-time homeopaths of Cin-

cinnati, Dr. Joseph Garretson. The cord had been properly tied. So far as could be discovered the child was a healthy child. A peculiar condition, however, occurred there: one of the vessels in the umbilical cord had ruptured between the body and the ligature. There was a little narrow slit not over an eighth of an inch in length and as narrow as could well be. The child bled to death and since then I have not been willing to listen with much patience to the doctrine of leaving the cord untied, because if it could bleed from a half-inch outside of the body as it did in that case, I think it could, if the vessels were not properly compressed, do the same thing, even if the compression had been even two inches away from the body. I have taken the constructive course; I have tied every cord since then and if I live to be a hundred years old I shall do the same thing.

Dr. Hoyt: I was pleased with the doctor's paper; it was helpful all along the line and particularly regarding the care of the umbilicus, showing the difference between proper care in dressing it and carelessness. In regard to Dr. Maxwell's statement that all babies have temperature at first, I am not willing to agree with him on that matter. That is not my observation, but it is a very frequent occurrence for them to have this temperature from inanition. As soon as you feed them the temperature drops to normal. I think it is always proper to watch the cases during the first few days of life, for if they are not getting proper nourishment they will certainly have temperature, which will be relieved as soon as they are fed.

In regard to leaving the cord untied, I had one child die where I had tied the cord as carefully as I knew how to do, but before I could reach the case again the child was dead; it had bled to death, and in several instances I have had occasion to retie the cord, where the cord was large and the vessels patulous, and had I not noticed the cord, the infant would certainly have bled to death. I think all with a large obstetrical practice will soon have some dead babies if they don't tie the cord.

Dr. Maxwell: I want to speak on the question of hemorrhage. About two years ago this last winter I was called to see an infant about two weeks old, bleeding profusely from the umbilicus and the cord had been tied. I put a subcutaneous ligature right around the umbilicus, ligated and went home. The bleeding continued right through the urachus into the bladder until the child died from hemorrhage a short time later.

Dr. Geohegan: Dr. Hoyt spoke of those large cords. In thick cords I have occasionally taken from my pocket a small rub

ber band and put it around the cord four or five times. The rubber would contract down with the cord and prevent any possible hemorrhage.

Dr. C. E. Geiser: In my opinion a most important point to consider is the proper feeding. Give the infant nothing but milk if possible. If unable to do so, give as nearly as possible the same constituents as found in mother's milk in the same proportion and of the same chemical composition.

Dr. Siemon: There has been a good deal of discussion on the question of tying the cord, and it occurs to me with reference to that, as with many other things about which we hear, we generally abandon our first experiments in connection with almost any plan. Now there are undoubtedly many cases where obstetricians should be sued, for, if the truth were known, the fact that they are not sued for criminal malpractice is due largely to the fact that they are not found out. One gentleman said yesterday, if he had a case of delayed third stage labor in a patient living near his office, he would not feel necessarily in a hurry about it; he might even take time to go out and make calls, and this would be perfectly justifiable. But we should not forget that we are not only morally but we are legally obligated to leave no loophole through which any damage may come to our patients. Now that being the case, why should we neglect to tie the cord? Is there, if you please, any objection to the ligation of the cord? If there be no objection, why leave it unligated? It may be as this doctor has said, he has had no trouble, and still that proves nothing. If he should have one single case that had a hemorrhage dangerously profuse at a time when he was not present to care for that hemorrhage, that of itself would be enough to condemn the entire thirty years of treatment in that respect. We had a little experiment in the City Hospital in Cleveland two or three years ago which proved to be an unwise experiment, namely, we neglected to tie the cords. As a rule, the children that are born of women in a maternity hospital receive the least possible endowment of good health when they are born and they are apt to give you the most trouble. We had those children watched very carefully. As a matter of experiment we left the cords unligated and there were two particular reasons why that treatment was abandoned. First, there were some of them that did persist in bleeding, and a little blood when it is coming at a time when you are not expecting it, will make a tremendous furore. I don't know of anything on earth that will spread as wide as blood will when you don't want it around. Second, you have a channel through which infection may start. We felt we would not be

justified in leaving an open wound anywhere on the surface of the body, if that open wound were in such position as to come in contact with naturally and necessarily infectious substances, and the nearer you get to the genitals of a child the more chance there is for infectious material. It does seem to me you are leaving an extensive avenue of infection wide open in neglecting to ligate the cord of a newborn infant. I don't know of any child that perished from hemorrhage when the cord was left untied, but I do believe that it is responsible for much of the trouble of which Dr. Phillips speaks, the carelessness in regard to the cord itself.

I am also satisfied that we are apt to take any string, frequently that given us by the nurse or waiting woman with which to ligate that cord. Then we turn over the attention of our cords entirely to the nurse. That we have infections is sometimes because we don't attend to them ourselves. I don't see any reason on earth for neglecting to tie the cord. I think they all should be tied and, furthermore, I think many of these obscure disorders of the newborn child can in a large measure be prevented if the surgeon himself looks after the cord.

Dr. Arndt: I very much dislike to speak in opposition to two such distinguished gentlemen as Dr. Geohegan and Dr. Siemon, but the only cases of severe hemorrhage I have ever had have been in cases of ligation of the cord, because I always tie it. I think the criticism is not well founded because the hemorrhages have occurred above the ligature. I think the fault is that the cord is cut too short and tied too near the body, and it should be left longer.

Dr. Sawyer: May I be allowed a second word? We are all of us the same as all other animals; we all live the animal life. Did you ever know of a cow or a goat or any other animal dying from hemorrhage from non-ligation? Another thing, the point of infection in an open cord, I don't know of anything that would be as good to stop up a wound as the normal blood; if you will let it dry after the injury, do it up in its own blood, let it dry there; I don't think you could find a better antiseptic or a better preventive of infection than this normal blood.

Dr. Irvin: I have had two painful experiences with hemorrhage from the cord. My first case was fatal, due to improper ligation. The second case, which occurred within the last ten days, was not fatal because I discovered it in time to re-ligate and stop my trouble. I have made it a rule for the last several years of carrying two ligatures with cord dressings, aseptically sealed, so that I need not depend upon my attendants to furnish m

ever-ready wrapping twine. I say we ought by all means to tie the cord. We will never do any damage if we do tie it and we may do a lot of damage if we don't.

Dr. Lincoln Phillips: Dr. Maxwell asks in reference to the temperature of the baby, whether normal-born babes have temperature. I say, no they don't. They don't unless there is something wrong. And in reference to the inanition fever, you must not think that the newborn baby doesn't need any milk until the third day. Some babies don't, but you will find babies on the verge of starvation at the time of birth. These are the ones where you have inanition fever.

Now that cord proposition. The cord of which Dr. Arndt spoke is the one I mentioned in my paper. In a case of this spontaneous hemorrhage, if you stop it at the cord, it will go somewhere else. In a lecture Dr. C. D. Crank once related an experience with a case of spontaneous hemorrhage. He said, "I tied and re-tied the cord and it wouldn't stop. Then I used caustic, iron and all kinds of styptics; finally in desperation I dammed it up with plaster of paris, and the d—d thing kept right on bleeding."

In reference to tying the cord in animals. Animals do bleed to death. While I have never had a case to bleed to death from the cord, I had a little experience about a year ago that taught me a lesson. I waited and waited and the cord didn't stop pulsating; so I tied it. The child was all right. Before I went home the nurse called my attention to the fact that the cord was pulsating; I came back twelve hours after and there it was, still pulsating with every pulsation of the heart. Do you suppose it would have been safe to leave that cord untied?

Dr. House: Isn't it a fact that with wild animals the cord is all macerated? This is equivalent to tying it.

Dr. Ensey: Mr. Chairman, don't they chew off the cord and prevent hemorrhage the same as in a crushed limb?

Dr. Blaine: Dr. Phillips seems to be authority on the animal cord; I will refer that to him.

Dr. Phillips: I think not.

CHOREA.

JOSEPHINE M. DANFORTH, M. D., CLEVELAND.

Chorea is classed as a neurosis in our text books, because of its peculiar nervous manifestations which show that some profound force is operative upon the central nervous system, disturbing not only the motor equilibrium but influencing also the mental status.

Severe cases, terminating fatally, show pathological changes in the structures of the nerve cells of the cortex and of the pyramidal tracts; secondary changes in the connective tissue structures; in the vascular system, hyaline transformations, exudations of leucocytes, minute hemorrhages and thrombi of the smaller arteries; in maniacal cases, there are evidences of intense hyperemia and acute inflammation of the cortex and pia mater. The vascular changes can be attributed to an accompanying endocarditis; the changes in the nervous system are not constant, therefore, they cannot be considered the cause of the chorea but rather the result of the cause operating.

Recovery in a majority of cases is significant of the impossibility of the occurrence of such serious lesions as a constant feature, or as the cause of the choreic attacks.

For some time the microbic nature of many diseases has been an established fact and laboratory investigations are constantly increasing the number of diseases in this class.

That some cases of chorea are infectious in nature is no longer contended. In 1872, Pianese claimed to have isolated a diplococcus and a diplobacillus from the cord and cerebellum which was capable of producing in animals muscular twitchings and convulsions. Since then a number of observers have discovered staphylococci in the central nervous system. Dana isolated a diplococcus from the meninges, and Richter and Tribulet found a coccus in the blood.

In the Medical Record for March, Sachs reports two cases of his own, both of the grave form with septicemic symptoms and both fatal. Cultures were made during post-mor-

tem. In one case the first blood culture showed staphylococcus aureus, subsequent cultures staphylococcus aureus and streptococci. Post-mortem cultures did not show any organisms in the blood, but staphylococci and streptococci were cultured from a bed sore which developed after the first blood culture was made. The staphylococcus infection was traced to a lacerated cervix which had been treated locally some weeks before the development of the chorea; the streptococcus infection to the bed sore. The absence of organisms in the blood, post-mortem, was explained on the ground that they had lost their vitality during the time the body lay in the ice box, which was nineteen hours. In the second case no organisms were found in the blood during life, but post-mortem a streptococcus was cultured which differed from those usually encountered.

Dr. Libman, the bacteriologist, gives the following summary of the second case. "The pathological changes in this case point to a marked general infection. There is a verrucous endocarditis, apparently due to bacteria that cannot be grown by ordinary culture methods. The streptococci found at the post-mortem examination must be looked upon as a post-mortem invasion, for the last blood culture taken only a few hours before death revealed no bacteria."

Sachs is of the opinion that the value of finding micro-organisms in the blood depends upon their being found during life, also that it is fruitless to search for a single specific organism, the condition being one of acute general infection, for which a number of microbic agents may be responsible.

Many cases are on record, which, clinically, have been septic in nature, but only in three have micro-organisms been isolated during life: in the case reported by Sachs, one of Cramer's and Toeppen's and one of Heubner's.

Chorea is closely related to rheumatism and endocarditis. Holt finds evidences of rheumatism in over fifty per cent of his cases. Even when not apparent in the patient, it is often found in other members of the family. Heubner makes the statement that chorea is the commonest form of rheumatism in the child. That rheumatism is caused by a diplococcus is an established

fact. That endocarditis is of bacterial origin is believed by many.

Again we find that chorea occasionally follows in the wake of some infectious diseases, as scarlet fever, whooping cough, measles, infections of the ear, etc.

On the other hand there are cases in which no rheumatic history can be found; there has been no preceding infectious disease in which the immediate or exciting cause seems to be of a psychic nature, as fright, chastisement, worry or mental strain, because of this, the tendency is to divide chorea into two classes, infectious and non-infectious.

Many reflex causes have also been thought to be active in precipitating the disease, as phimosis, adhesions of the clitoris, intestinal parasites and even adenoids and ocular defects.

A proper soil or unstable condition of the nervous system, is an important factor. Chorea is found most frequently in children, the time when the nervous system is the most susceptible to irritating conditions. Girls are more often affected than boys. In the spring of the year, when children are apt to be fatigued from school work, the proportion of cases is largest. City life is also more productive of chorea than the quiet peace of the country. As the majority of children subjected to the diseases, psychic influences and abnormal conditions just mentioned do not develop chorea, the natural resistive power of the child must be considered.

Heredity plays an important part in two per cent of cases. Alcoholism, insanity, epilepsy, or any disease in the parents which weakens the vitality is apt to produce the necessary neurotic temperament. While it is impossible to say, at the present time, that all cases are infectious in nature it doesn't seem impossible to me, nor improbable, that all cases are toxic in nature, not meaning by toxic that the poison acting upon the nervous structures is necessarily produced by bacteria, but that it may also be produced by the action of the nervous system on certain unstable chemical combinations or molecules in the serum, the blood corpuscles, or the protoplasmic cells, throwing them out of their normal condition.

abnormal or poisonous combinations, such chemical changes taking place in neurotic children when frightened or unduly fatigued physically or mentally.

The milk of a frightened or angered woman will produce in her offspring serious gastro-intestinal irritation, causing distress and vomiting, but we do not know the origin or nature of the substance which so affects the milk. Could there not be an analogy here, in, at least, the fact that psychic causes are capable of producing such disturbances. Reflex causes, by their constant irritation might have the same disintegrating effect as purely psychic influences.

That chorea minor is frequently a self limiting disease with a tendency towards spontaneous recovery, especially after reflex causes, such as phimosis or intestinal parasites have been corrected or removed, might be explained upon the ground that there may be residing in the serum, blood corpuscles or nerve cells, substances which counteract or destroy these new chemical combinations or restore them to their previous state of healthful, normal combination after a period of rest and hygienic care even without medication.

The first of the year, I had a case of chorea which presented some interesting features. It developed suddenly in a little girl, seven years of age, on New Year's day, without history of chastisement or fright, or any previous noticeable nervousness.

The case was admitted to the hospital the nineteenth of January, after a course of bromides and other nerve depressants. She was confined to her bed because of the constant movement of the left arm and leg, any effort toward voluntary motion exaggerating these movements and starting contortions of the muscles of the face and the right arm and leg. One day I saw the nurse lift the child from her crib, causing her arms and legs to flop around in the wildest kind of manner. If asked to protrude her tongue, it was done only partially, and with much difficulty. An effort was made to answer questions, showing the mental faculties clear, but the effort started choreic movements all over the body, and articulation was so impeded as to be unintelligible.

No history of rheumatism or infectious diseases could be obtained. Good health had always been enjoyed until the present attack, with the exception of having boils when a baby. Her father was a drunkard, and was drinking heavily at the time of her conception. The mother had been beaten by him when three months pregnant.

At the time of admission, an erythematous rash was present and the skin was exceedingly rough and dry. Although no fever was present, her face was very red and remained so until she was well on the road to recovery. During the course of the attack involuntary urination was common, and involuntary defecation occurred a number of times.

The most peculiar feature and one which I have not found reported, was a remarkably slow pulse, which prevailed during the period of greatest irritability, dropping below 60 quite frequently, and not running above 70. It was not until improvement was well advanced that it ran up on 88, then only occasionally, dropping back to 60 for days. When she was well enough to move about it fluctuated between 70 and 88.

The temperature hovered around the normal mark most of the time. Occasionally it rose to 100, but never reached 101.

No involvement of the heart could be discovered, and no pain was complained of. Deglutition was so difficult for a while that only liquids could be given. Speech was entirely impossible, and the child perfectly helpless. February 7th and 8th scarcely any nourishment was taken. The temperature went down to 97 and her condition seemed very serious. At this time she was taking sulphur and hyoscyamus. These were changed to causticum 6x, calcarea carb. 30th, and passiflora, given intercurrently. Improvement was so rapid that rectal feeding did not have to be resorted to, and steadily continued. After two weeks I substituted nat. mur. 30th for the calcarea, because the skin still remained so dry and harsh. The first week in March she was able to sit up in her crib. On the 5th she passed a round worm, one month after prescribing the causticum and calcarea. Following this, convalescence was rapid and uninterrupted and

she was discharged, cured, March 30th, after a three months' siege.

After the passing of the worm, santonin was given for three days, then the stool was examined for ova, but none were found.

The urinary analysis was negative. The blood examination, March 25th, showed hemaglobin 90 per cent; erythrocytes 5,332,800; leucocytes 6,100; polynuclear leucocytes 78 per cent; lymphocytes, 21.5 per cent.

The hygienic treatment consisted of warm spongings once a day, with inunctions of olive oil and five minutes massage twice a day.

That there was a toxic element present in this case, I have no doubt. The slow pulse, the erythema present when admitted, the occasional rise in temperature without apparent cause, and the involuntary urination and defecation, point to an underlying toxic factor of some nature. That the presence of the *ascaris lumbricoides* was the exciting cause seems conclusive. Was the evident toxæmia caused by the direct irritating effect of the parasite upon the glandular tissues of the intestinal tract, forming toxic products which entering the blood stream poisoned the nerve centers, or was it produced indirectly by changes which took place in the protoplasmic structure of the motor neurons in the central nervous system, caused by the irritation of the nerves of the intestine? Either theory seems to me tenable and it also appears reasonable that the constitutional remedies, without the aid of a vermifuge, began to restore the equilibrium long before the worm was expelled and finally made the intestinal tract uninhabitable.

DISCUSSION.

Dr. Kilgour: In reference to treatment of cases of chorea, in my experience I have found there is nothing that will give such good results as the insistence upon complete rest on the part of the patient. If during the first or second, or even the third week, of the treatment of the case the patient is put to bed and kept there, you will immensely shorten the entire period of treatment.

Dr. Cutter: It was with a good deal of pleasure that I listened to this paper. In the last six or eight weeks I have had

quite an anomaly in the development of a case of chorea in a woman past eighty years of age. She slowly yielded to treatment under rhus tox. 3rd, which seemed to be her indicated remedy. I merely speak of it on account of the advanced age, not having found in practice nor in literature a case of chorea at such an advanced age.

Many cases of chorea are brought on through nervous strain and imperfect vision, and when the vision is corrected and rest secured, as the doctor has just said, the disease has been generally cured. One of the great factors I have found in the treatment of chorea is to prescribe a very careful diet, a diet which is non-irritative; and the feeding at regular intervals, and the feeding of things which the patient should eat, taking away from him such things as coffee and tea and any form of stimulant.

Dr. Zermuhlen: I was deeply interested in the paper, and in one particular point and that is the passing of a large worm after the administration of chamomilla. The remedy is one I have often prescribed in cases of worms. I want to speak of two cases of worms that came under my care. Two children, two and three years of age, in the same family. I prescribed for them and brought away the worms—pin worms. The children were apparently all right, but after two or three months there was a return of the worms and I prescribed the same remedy, and they came back the third time. I said to the mother, "Your children are being infected from some external source; can you give me any idea what that source might be?" She says, "Yes, I think I can. A neighbor woman had been troubled with pin worms for years, and she had taken everything she could buy, lots of patent medicine that was so strong it nearly killed her." I said, "That is the source of the infection. She takes care of your children when you are out?" "Yes." "That is the source of infection; you bring this woman to me and I will cure her of her worms." She did and I prescribed chamomilla. It drove all the worms from this woman and there has been no further trouble.

Dr. Munns: The best remedy in chorea is amorphous hyoscyamine in 1/250 grain doses. The relief is very great from the use of it. It controls the active movements.

Dr. Danforth: I have nothing to say in closing. However, I wish someone would speak of the toxic element of which I spoke.

BUREAU OF SURGERY

- Curtiss W. Ginn, M. D., Chairman.....Dayton
 "Phlebitis Complicating Breast Amputations."
- Hugh M. Beebe, M. D.....Sidney
 "The Pathology of Adhesions."
- H. H. Wiggers, M. D.....Cincinnati
 "Gastric Ulcer."
- H. F. Biggar, Jr., M. D.....Cleveland
 "Some Pelvic Disturbances."
-

FEMORAL THROMBOSIS FOLLOWING BREAST AMPUTATION.

CURTISS GINN, M. D., DAYTON.

I wish to report to the Society, three cases of this condition occurring in two patients.

These patients present a similarity in their social condition, their age, the fact that both required an amputation of the second breast and both are living at a period of over four years from the last operation, without any recurrence.

The cases are as follows:

Mrs. F. L. L., aet. 45. Mother of three children, youngest eleven, past physical history uneventful, has had tumor in right breast for some months, was treated by an osteopath until hemorrhage occurred from the nipple, causing the tumor to enlarge rapidly and become very painful. Amputation done 1901, radical, sacrificing the pectoralis major, pectoralis minor, fascia and glands of the axilla. After the operation, notwithstanding a perfectly normal pulse and temperature, an intense pain began in the umbilical region, for which at the time no cause could be assigned. At the end of the first week, pain in the left leg appeared, followed by a typical phlebitis. This ran a course of some weeks. In 1903, the patient returned with pain in the left breast, and on examination I found a small nodule, evidently

malignant, so the breast was removed, though the operation was much less extensive than before. No sign of recurrence in the scar left by the former operation was found. Following the second operation a lymphoedema of the left arm slowly appeared, simulating the swollen condition sometimes seen in inoperable carcinoma. At the present writing the oedema is still unchanged, but the woman presents no further symptoms of malignancy and is earning her livelihood as a bookkeeper.

Mrs. Z——. Aet. 48. Mother of seven children, past medical history uneventful, except a severe case of phlebitis following childbirth, some 20 years ago. Removed her breast in 1900, complete operation. In a few days, pain began in the umbilical region followed by pain, oedema and the usual symptoms of a phlebitis in the right leg. This was unusually severe, it being six months before the woman was able to use her limb.

Within a year the right breast showed a malignant nodule and a second complete operation was done. This was followed by umbilical pain and a slight attack of phlebitis in the left leg.

This woman at the present time is taking the entire charge of her family, washing, ironing, etc., though her limbs still have to be bandaged.

Thrombosis following surgical interference is not rare and may be divided into septic and aseptic.

The etiology of septic thrombosis is easily explained and of this first division I shall have nothing to say in this paper, but the clotting occurring in clean cases is more puzzling.

Here the clot must arise from one of two causes, some abnormality in the circulating apparatus or in the circulating medium itself.

As regards the circulatory apparatus, an insufficient amount of force may be applied to moving the amount of blood, or the force which, under normal arterial tone may be sufficient, will not be great enough under a lessening of this tone. Or the two may be associated with each other, as seen in cachectic cases.

When we come to the afferent blood tubes or veins we may have abnormalities in their length or in their lumen. This may be acquired or congenital.

The acquired are due to lack of tone in the vessel wall.

Concerning the congenital abnormalities, McMurrich in a very interesting paper gives his findings and statistics in 107 cases of post-mortem examinations as regards the condition of the iliac veins.

In 35 out of the 107 cases, he found a deviation from the normal consisting of a narrowing of the common iliac due to a fusion of the anterior and posterior wall of the vein. This occurred in five or six variations ranging from a septum completely dividing the lumen into two more or less unequal tunnels to a slight lateral narrowing.

In 33 out of the 35, the obstruction was on the left side.

To this frequent abnormality may be added the fact that the left common iliac vein passes under the artery of the same name and is subject to a certain amount of pressure from it.

An abnormality of this kind in a patient with a good pressure in the veins due to plenty of force in the heart systole and arteries of firm tone may give rise to no disturbance, but when a lowering of systolic pressure comes as frequently happens from anesthesia the conditions are ripe for the occurrence of a thrombosis.

There may be, and probably is, in most cases some chemical change in the plasma. The coagulating property of the blood is due to fibrinogen and this is due in turn to fibrin ferment which becomes active under ordinary circumstances, upon exposure to air.

Krehl states that there is a definite proportion between the amount of fibrin and the number of leucocytes. Assuming this to be correct, after every operation of any magnitude there is a greater or less leucocytosis, thus increasing the coagulability of the blood.

In this condition of aseptic thrombosis, it would seem that both causes, mechanical and chemical must be present, otherwise the cases would be much more numerous, as one or the other of the causes is present in most operations.

In some cases one might assume that the initial thrombosis took place in the internal mammary vein during or subsequent

to the surgical manipulation itself. This clotting extending by continuity down the internal mammary, the superior and inferior epigastric to the iliac vein. This, however, would be difficult to prove. However, such a venous anastomosis does exist between the upper trunk and the lower trunk.

As regards the treatment it ought to be mostly preventive.

Every surgical case should be examined to find the index of blood coagulability and the arterial tension taken as a guide to the amount of vis-a-tergo of the blood current.

If a low tension or an increased coagulability of the blood, or both, are found, the preventive measures should begin on the operating table. Elevate the limbs, wrapping them in cotton wool, decrease the operating time to a minimum, give adrenalin to increase the tension and accelerate the blood current.

Keep the patient quiet. Emil Ries and Bolt both, however, take the opposite view and are in favor of having the patient moved at the earliest possible moment and assume the upright position. Such a procedure, by calling into play the force of gravity, slows the venous current and makes the clotting all the more liable.

DISCUSSION.

President Overpeck: This is a paper that must be discussed by the surgeons, while it is, of course, of interest to everyone.

Dr. B. W. Dawley: I enjoyed Dr. Ginn's paper very much. I have been interested recently in the subject of phlebitis following the removal of malignant neoplasms, on account of having had two cases in which the phlebitis occurred on the fourteenth and forty-second days, respectively, following the operations.

It is generally conceded that all cases of phlebitis following removal of malignant growths are infective in origin, but, if they are infective in origin, the infection occasionally must be secondary, for, in both of my cases the incisions healed by primary union—not a drop of pus being in evidence. Yet the phlebitis occurred on the fourteenth day in the one case following the operation and on the forty-second day following the other case.

The explanation is that the veins associated with malignant growths are more or less varicosed and devita-

feeble resistance to germ invasion. Inasmuch as bacteria may be demonstrated normally in the blood currents and tissues of healthy individuals, it can readily be seen how an over-distended and unhealthy vein may be the subject of bacterial attack after an operation for malignant growth, the onset of such attack occurring even weeks after such operation.

Dr. Biggar: Dr. Ginn has very properly called attention to the position in an amputation of the breast. I think it is quite an important point. Phlebitis is very often caused by pressure not only at the time of operation, but at the time of convalescence. We used to put on the dressing by strapping the arm tight against the side and we used to operate by having the arm at the time of operation in an extended position above the head, sometimes tying the hand on the opposite side, behind the head. I think if, in these breast amputation operations, the arm is free and there is no tension at the time of operation, putting your dressing on with the arm outside (don't keep it confined) you will get better results. Put the patient up in a half-sitting position, as early as possible, in fact, right after the anesthetic and you will avoid nausea and get the patient out of the hospital in much less time.

Dr. Pulford: My experience in these cases of engorgement of the breast after confinement is that a tear is often found in the cervix of the uterus. Where cancer of the breast is present in females who have borne many children tears of the cervix have been neglected. It is well to look to the uterus in such cases.

Dr. Overpeck: Very recently I have had the worst case of phlebitis I have ever treated, in a woman perhaps sixty years of age, who has had for some time cancer of the breast. The glands around under the arm are very much enlarged. She will not consent to an operation for the cancer. After about four and a half weeks the phlebitis is well; still the cancer is there. Did the cancer in the system have any influence in the development of the phlebitis?

THE PATHOLOGY OF ADHESIONS.

H. M. BEEBE, M. D., SIDNEY.

It is my intention to limit this necessarily short paper to the discussion of adhesions of the peritoneum exclusive of all but the pathological and physiological processes involved. So much has been said and written regarding these manifestly important morbid changes that further than a repetition, nothing can be written.

In beginning, we may say that all abdominal adhesions involving the peritoneum presuppose an antecedent inflammation whether it be from trauma, infection or what not. This is a very general statement, but will apply in all but a few cases, as for instance those adhesions resulting from an evolutionary process of adaptation which would result from abnormal immobility of parts produced from lack of thigh pressure on abdomen during defecation. We see then that these much cursed and discussed lesions are the direct result of a successful attempt on the part of the body economy to protect against pathological inroads.

Adhesions of two layers of a serous membrane are brought about by the two fibrinous surfaces coming together at any stage of an inflammation before organization is well under way. In the more recent state the fibrinous layer of one side will adhere to its duplicate if they come in contact and it is not improbable that in the embryonic connective tissue stage of the membrane, or when vascularization is well advanced, cohesion of the two surfaces, followed by an organized adhesion is possible; after the sticking together of the surfaces, the young blood vessels anastomose and pass from one side to the other, organization into connective tissues ensues, an adhesion being the result. In a great many cases the more or less constant movements of the abdominal viscera prevent a general union and nothing else, but it is possible for a large portion of the peritoneal sac to be obliterated. It is interesting to note that whether or not permanent adhesions result, the peritoneal membrane remains thickened.

For the study of the formation of adhesions, abdominal operations afford a good opportunity. A wound of the intestine has the two serous surfaces brought together and

along the line of contact an exudation of plasma and a migration of leucocytes occur; the former breaks up into fibrin and serum, the fibrin forming a temporary cement which binds the two opposed surfaces together; embryonic tissue is formed, followed by granulation tissue and later by a cicatrix which binds the surfaces along the line of suture. This resulting cicatrix is an adhesion, the histology and mode of development of which is identical with the formation of adhesions in pericarditis, pleurisy, inflammation of tendon sheaths, etc. A very good practical illustration is in the induced inflammation in the treatment of the sac of a hydrocele.

Several observers have studied peritoneal adhesions directly in animals, by the employment of permanent fistula in the abdominal wall with small glass windows, etc., after bringing about injuries to the peritoneal surface. It is possible for adhesions to occur and for the surfaces to agglutinate without a destruction of the endothelial layer, but they are rarely permanent. In true adhesions the endothelial layers are always destroyed. Also if the basement membrane should remain the opposed surfaces will separate after a time; however, if the basement membrane is destroyed, the union is formed by a true growth of fibrous tissue and is permanent. As I have said, ordinary adhesions are formed by fibrin formation with a loosening of the cement substance of the basement membrane and an interlacing of the fibers of the basal layer. The time necessary to elapse for this process is from twelve to eighteen hours. As a matter of fact, the formation of adhesions, peritoneal and otherwise, is dependent on the same factors as is blood coagulation. The irritation of the surface destroys the endothelium, permitting the escape of the fibrinogen forming fluid. The calcium chloride which seems to be so essential to fibrin formation, is abundant immediately below the endothelial layer of the peritoneum and may be demonstrated with silver nitrate. The escape of the leucocytes from the surrounding vessels activates the pro-ferment and makes it active and the precipitate of the fibrin thus formed is identical with that formed in blood coagulation; this is demonstrable from the fact that those factors which prevent a coagulation of the blood also pre-

vent peritoneal adhesions, namely phosphorus and peptones; the former preventing the formation of adhesions by destroying the fibrinogen, the latter by acting as an anti-ferment. In passing we may add here that this action of the peptones explains why adhesions form less readily in spontaneous perforations in the upper intestinal tract where these products of normal digestion are present.

We see, then, that all results from surgical procedures are, to a greater or less extent, dependent on adhesion formation, and these in turn will form in proportion to the ability of the body cell to react to injury from whatever cause it may arise.

GASTRIC ULCER.

H. H. WIGGERS, M. D., CINCINNATI.

So much has been written during the last few years upon the subject of gastric ulcer as a surgical disease, that many physicians are confused and hardly know where they stand in the treatment of this very common affection.

I say very common affection because the reports of eminent pathologists show that a large percentage of ulcers of the stomach is found not diagnosed during the life of the patient.

Welch finds that in an average of about 5 per cent of all post-mortems held, open or cicatrized gastric ulcers are found not diagnosed. This can be easily understood when we recall the statement of Lennander that the stomach and intestines are free from all pain producing nerves and it is only when ulceration has gone through the walls of the stomach and approaches the peritoneum that pain is experienced.

The typical cases with all symptoms marked are easy of diagnosis. The order of the frequency of the chief symptoms are vomiting, pain, vomiting of blood, pallor, tenderness, constipation. Chemical examination of gastric contents show hyperchlorhydria; this does not lead to the development of ulcer, but it plays an important role in the preventing

The important etiologic factors are early adultism, chlorosis and anemia. The exciting cause

or thrombus, or self-digestion of the stomach walls. There can be no doubt that any cause tending to gastritis predisposes to this affection.

The difficult cases are those long standing latent ones that never present any gastric signs until some threatening symptom such as profuse hemorrhage or perforation of the ulcer into the peritoneal cavity arises, or there may be another class of patients who manifest as the only sign of ulcer a tremendous pain in the right hypochondria or epigastric region. This must be differentiated from other conditions such as hepatic colic, kidney stones, appendicitis and chronic cholecystitis. A careful history of the case will assist in the diagnosis.

Mayo's classification from the operating room results are, first, the indurated or calloused ulcer; second, the non-indurated mucous ulcer. The indurated or calloused ulcer may be seen and felt during the operation on account of scarformation and is a chronic condition. The non-indurated cannot be felt during operation, nor can it be readily found even after the stomach is opened. It is acute and may be simply a mucous erosion which "weeps" blood.

Nearly all operative failures are found in this class of cases, because it cannot be located, and many times its existence is problematic; it is often confused with pyloric spasm, atonic dilatation and gastric neuroses; the ulcer does not give rise to mechanical interference with the progress of food which is characteristic of the chronic indurated variety.

The diagnostic value of hemorrhage is very great when the patient suffers from gastric distress, acidity and other ulcer evidences, and then suffers from repeated hemorrhage shown in the vomitus and stool; but a single hemorrhage from a patient who has not had previous gastric symptoms is probably not due to ulcer. Copious hemorrhage at infrequent intervals is the history of a large percentage of ulcers, while continuous loss of small quantities of blood are the rule in cancer.

Rodman claims it is impossible to make an accurate diagnosis from the symptoms, physical signs and gastric findings, and that only by a more frequent exploratory operation will this ac-

curacy be accomplished and best results both in ulcer and cancer obtained.

Leube states that 74 per cent of the uncomplicated gastric ulcers are cured without the surgeon's assistance; on the other hand, Kocher says that the majority of practitioners do not sufficiently realize what brilliant results are to be obtained by operative means in chronic affections of the stomach, and not only numerous dangers of ulcers and cancers be prevented, but the disease itself may be so rapidly and certainly cured that the medical treatment of obstinate cases must be put in the background. The pain in the stomach disappears immediately after the operation and no further attention to the matter of the food is required. The vomiting disappears, bowels become regular, hyper-acidity disappears.

Without some complication such as perforation, extreme hemorrhage or marked obstruction, it is well to treat the patient conservatively; that is, prescribing proper diet, rest and internal remedies. If a cure or improvement is to be had by this method, rigid adherence to orders must be observed.

If after having followed a specific course as mentioned for a definite time, say one or two years, no cure results, there can be no doubt but that gastro-enterostomy, giving proper drainage, is indicated and this, when properly done, will yield results such that are really marvelous.

SOME PELVIC DISTURBANCES.

H. F. BIGGAR, JR., M. D., CLEVELAND.

By the title of this paper, it is the object of the writer to bring to the consideration of this Society a few of the conditions which we meet that have been, and still are, the hard problems in our surgical work. We have all of us experienced those after-effects that are so dissatisfying and discouraging to the patient and ourselves, and it is the aim of the paper to merely form the basis of a discussion in which a new idea may make an advance.

In the rehearsing of these, "some disturbances," I lay no claim to priority, but only wish to record our experience with the late methods of others. Surgical technique has made such advancement in the last ten years that the modern methods are now almost universally accepted and the trend today is to simplify the erstwhile difficult operation.

The especial pelvic disturbances to which your attention is directed are: ovarian prolapse, procidentia, perineal repair and abdominal post-operative adhesions. Conservatism in surgery is most admirable, and the conscientious surgeons should epitomize the best results with the least traumatism. During the last decade many ovaries have been sacrificed that might have been saved.

The organ has a definite function and has often been removed merely because it was sagging or "dislocated" without pathologic conditions. The restoring of the organ to its normal position will relieve the woman of those distressing symptoms incident to this condition. The ovary is usually retro-displaced and its degree of prolapsus is variable. Polk describes the "retro-ovarian shelf" where the organ may lodge and adhere. Van De Warker (1), in a paper entitled "The Fetich of the Ovary" maintained that the mere dislocation of the organ did not produce symptoms other than would be resulting from conditions of the surrounding parts. Herman (2) wrote that he did not believe a change of position would produce even tenderness. This is refuted by Rigby (3), Storer, Warner and Blake (4).

When an ovary is prolapsed and held by adhesion I do not believe that the ordinary procedures of local tamponing and ap-

plications *per vaginam* will entirely cure. There is an unbalance that must be anatomically relieved. Local treatments will reduce congestions, tenderness and pain, but will not bring about a permanent cure. On the other hand, the operation for removal is liable to leave the patient with neuroses.

The operation of choice is described by Ward (5); the abdomen is opened and the ovary, tube and ligaments are freed from adhesions.

The uterus, which is usually retro-flexed, is also liberated and a small slit or button-hole is made through the broad ligament, through which the ovary is passed from behind, forward and stitched in position. The fimbrial end of the Fallopian tube is fastened in juxtaposition, the round and the infundibulo-pelvic ligaments are then reefed and shortened in order to restore the anatomic equilibrium and the peritoneal cavity closed in the usual manner. By this procedure the ovary can functionate and the woman is saved from the distressing effects of castration.

One of the hardest problems that we have to overcome is procidentia with its accompanying cystocele. The result, apparently good when the patient leaves the hospital, is too often blurred by relapses after a period of months or years. The reason for this is the lack of tone in the sagging ligaments, the hydrostatic pressure of the bladder and the incomplete operation.

The bladder should always be dissected from the vaginal vault and the uterus for quite a distance laterally, as described by Noble, of Philadelphia (6), whether or not hysterectomy is done. If it is not dissected, the viscus cannot ride above the symphysis and the pressure will gradually weaken the supports due to its foreign position.

Reynolds (7), Watkins (8) and Dudley (9) have done excellent work in improving the technique with the object in view of obtaining greater mechanical strength below. The writer agrees with them on the Hadra principle that the dissection of the bladder from the vaginal and uterine cervix is essential to permanent results. An incision is made in the anterior vaginal wall from the cervix to a point corresponding to the internal opening of the urethra and carried as deep as the surface of the

bladder. Then by finger or gauze dissection the viscus is stripped free laterally and as high as the reflexion of the peritoneum when it rises up in the abdominal cavity above the symphysis. The requisite amount of redundant vaginal tissue is excised and the walls closed with buried sutures through the deeper layers and the mucosa by a continuous stitch with a couple of stays of chromic gut to relieve the strain. The best results in our experience have come when using the combined method as above with abdominal hysterectomy, employing the broad and round ligaments as additional supports from above. This is done after the extirpation of the uterus, by bringing the divided ends of the ligaments into the median line and fastening them to the upper vaginal wall, thus using nature's supports for suspension guys. Of course any perineal rupture should be repaired.

Lee, of Rochester (11), reports a series of successful operations by abdominal hysterectomy and stitching the amputated cervix extra-peritoneally into the abdominal incision.

There are many cases where the pelvic neoplasm is associated with dense inflammatory adhesions of the surrounding viscera, in the separation of which raw bleeding surfaces are exposed and the *bête noir* of abdominal surgery is the recurrence of these adhesions. Tough, fibrous bands are formed which pull the viscera out of position, interfere with normal intra-abdominal movements and cause much suffering. It has occasioned patients to be operated three and four times before relieved. I wish I could offer some method to prevent and trust some here will do so in discussion. The peritoneum of the ox (Cargile membrane) has been unsatisfactory. Flooding the cavity with saline solution to float the intestines has been tried, but the solution is absorbed too rapidly. Extreme care should be exercised to cover smoothly with serous membrane all raw surfaces. We have had the best results from pouring over the bruised surfaces sterile sweet oil and leaving a quantity in the abdomen.

During the last six months it has been our fortune to operate on three cases of ectopic pregnancy, all of which were diagnosed prior to the "tragic stage" by their attending physicians. Harris (10) and Taylor, of England, say this is seldom done; so

great credit should be given to these doctors. Two were patients of Dr. L. E. Siemon and the other of Dr. Frank Kraft.

There are several ways of simplifying hard operations and so reducing mortality. Howard Kelly suggested the bisecting operation for abdominal hysterectomy and myomectomy where the dense inflammatory deposit precludes delivery of the organ without extensive trauma and hemorrhage. The uterus or fibroid is split anteriorly from the fundus downward to the deflexion of the peritoneum, and the bladder is separated by gauze dissection. The uterine artery on one side is found and ligated and half of the mass is peeled out from below upwards; the ovarian and branches are caught up as met. The other half is treated likewise. In this way we obtain a freer field for deep manipulation without the danger of intestinal injury and bleeding, incident to the dissection of the dense adhesions. On the same principle, the object of which is to avoid adhesions, those hard cases of pyosalpinx, septic ovaritis, etc., may be more easily dealt with by splitting the serous sheath and peeling away the peritoneum with its agglutinated attachments, from the inside outward. The organs are thus enucleated with less danger. The septic appendix, retro-cecal and firmly bound down with its focus deep in the fossa, may be more easily excised by splitting the serous coat at the proximal end, amputating between clamps, inverting the cecal stump as usual, and then following the organ to the distal end by peeling away the outer coat and enucleating without disturbing the surrounding protective wall which nature has thrown around.

When it is necessary to enlarge an incision at right angles to the muscular fiber, cut through the fascia and the muscle will often stretch sufficiently to be pulled aside without cutting.

We have no right to do extensive operations just because a case is hopeless.

The congealing time of the blood is important in all gall bladder cases.

Attacks of pain in the upper abdomen passing off with vomiting indicate gall-stones.

Attacks of pain following vomiting indicate appendicitis.

Long confinement in bed after operation predisposes to embolism and phlebitis.

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DISCUSSION.

Dr. Ginn: Dr. Biggar's paper is open for discussion.

Dr. Walton: We ought not to let a paper like that go by entirely without notice from the floor. This paper is of interest to the operator rather than to the general practitioner. The general practitioner brings those cases in with such and such conditions, then it is up to the operator to relieve them, if possible. The Doctor asked how to prevent these adhesions. There is no one way. The best way, if you have material, is to employ the peritoneum, cover all abrasions as far as possible; restore the organs to their normal position, and allow them to heal. The oil treatment does little or no good. The artificial membrane may help a little; if you use the natural membrane that assists some. The doctor has so thoroughly covered the field that there is nothing left to suggest. I would simply recommend his suggestions and say they are those which are ordinarily used by all operative surgeons.

BUREAU OF MATERIA MEDICA

- Charles Hoyt, M. D., *Chairman* Chillicothe
"The Needs of Homeopathy Today."
- W. A. Dewey, M. D. Ann Arbor, Mich.
"The Clinical Uses of Colloidal Metals."
- W. B. Hinsdale, M. D. Ann Arbor, Mich.
"Adonis Vernalis. A Report of the Proving Made in
the University of Michigan."
- William A. Geohegan, M. D. Cincinnati
"The Modalities."
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THE NEEDS OF HOMEOPATHY TODAY.

CHARLES HOYT, M. D., CHILLICOTHE.

Instead of presenting a paper to this Society on the proving of some one of the remedies that comprise our materia medica and which you can read and study at your leisure by consulting the various works on drug provings, I have decided that I can do a more useful work by consideration of what I believe to be one of the great needs of our school today if we are to continue to develop and grow and avoid deterioration and loss of prestige.

We make the claim that homeopathy is "the science of therapeutics." I haven't the slightest doubt about the correctness of this claim, but it is incumbent upon us to establish this fact before the world by every means in our power.

We should endeavor within our limited spheres of practice to promulgate the truth of homeopathy and demonstrate to our friends and patrons, as well as the public in general, the superiority of homeopathy over the regular practice of medicine in the treatment of disease and diseased conditions generally.

The facts are, we are entirely too modest in proclaiming to the world the wonderful truths of homeopathy and its superiority in every way over all other methods of treatment. We should

devote more time in our every-day work to trying to promulgate the truth by educating the people and by making them understand the importance of these matters, which so vitally interest them and make for their health and happiness.

Very few of us, I am sure, ever go to the trouble of trying to enlighten our patrons regarding the laws of homeopathy, and why it is superior to the old school in the treatment of the sick. Old-school methods have existed almost from the beginning of time. The masses of the people are, therefore, more or less enlightened regarding allopathic practice and combinations of drugs and so do not need any special instructions to understand their ever-changing specifics and methods. On the other hand, homeopathy is comparatively new and very little understood by the laity generally, and in order that the truths and merits of our science shall reach the people, it is necessary that constant missionary work be carried on constantly by the various physicians in active practice and that the printed page be sent forth to do its silent and effective work among the people. They should be taught at least something of the underlying principles of homeopathy and why our scientific methods of prescribing are superior in every way to the hap-hazard polypharmacy of the old school with only individual experience to guide them in the selection of their remedies. The laity should know something regarding our methods of drug proving and how we are able, by comparing the picture of the proven drug with the picture presented by the patient, to give the remedy which suits each individual case and, in all curable conditions, to restore health in the shortest possible time and in the most pleasant and satisfactory manner.

Each person being given exactly the proven remedy that meets the sick indications in his individual case, nothing but the happiest results are to be expected, and, in curable cases, a speedy return to perfect health will follow.

The only reason that anyone ever employs an old-school physician in anything excepting surgical cases or when someone who has had careful training along some special line is needed, is on account of a lack of familiarity with the different systems of practice. With a thorough knowledge of homeopathy, I am

certain everyone would select it in preference to the uncertain guessing methods of allopathy.

The new school presents the only scientific method of treating and prescribing for the sick, and we should proclaim this fact from the house tops and by every means within our power, because in doing so we add laurels to ourselves and homeopathy.

As I have said, all that is required to make converts to homeopathy is knowledge, and if we furnish the knowledge, the people will do the rest. We should speak for and defend our beloved science on all suitable occasions.

Regular practice dates almost from time immemorial and we cannot hope to excel in anatomy, biology, chemistry, microscopy, surgery, pathology and the allied sciences those men who have come down through a long line of trained scholars, scientists and teachers, and who have had every advantage in training that could be afforded them by the best institutions of learning in this and other countries. But in our science of therapeutics we outshine and surpass them from every point of view and are as far above them as the heavens are above the earth. *Materia Medica* is our greatest stronghold and the one we should guard most zealously and by every means possible bring its merits before the people that they may have the necessary knowledge to enable them to select that which is for their own good when in need of a physician.

We could, to most excellent advantage, emulate the old school in matters of organization. They have evolved an almost ideal system by having their local, district, state and national societies all thoroughly organized; a wheel within a wheel, as it were, so the whole must move in harmony. Then they employ men of the highest attainments as lecturers to visit almost every city, town and hamlet in the country and deliver popular lectures, which are attended by the masses who are instructed along lines best calculated to bring them into their fold. Now, this organization is, as I have said, almost ideal and we as homeopaths could follow their example with great advantage to our cause.

There is no question about the benefit to be derived from thorough organization, and if we continue to neglect this one

vital point, our cause must certainly suffer in consequence. No matter how great our truth, it can easily sleep through the centuries, unless placed before the people so that they can see the light.

In the torch races of ancient Greece, the participants ran with lighted torches, each striving to preserve the flame alive and to hand it unextinguished to his successor. If the light went out in his hands, he was dishonored. This was done in memory of Prometheus, who first brought fire from heaven for the benefit of man. So with us all. We have received this lighted torch of eternal truth that was first carried by the hand of Samuel Hahnemann and handed by him to his pupils and successors, and passed through the generations to us, still burning brightly, and our honor depends on the care with which we in turn transmit it to those who shall follow us.

We should labor diligently, as our predecessors have done, to increase our materia medica and at the same time, by reproofing our remedies, eliminate, as far as possible, the rubbish and useless matter which at present more or less encumber our progress toward the ideal goal.

We must also take into account in our study of materia medica all that is good and helpful in the regular school of medicine; for, while their studies along the line of therapeutics are in the most chaotic condition, based on a false philosophy, we must not be blind to the fact that they are making progress and, here and there, are making great discoveries which may be of advantage to us as well as to them.

Untiring labor in our greatest stronghold of materia medica will enable us to hold with honor our place in the great race for therapeutic advancement and hand our torch, still blazing, down through our successors to the generations yet unborn.

DISCUSSION.

President Overpeck: Doctor Hoyt's paper is before you for discussion.

Dr. Baxter: It seems to me the general subject covered by Doctor Hoyt's paper is one of vital importance to the interests of

homeopathy and the members of this society; therefore I think we should make an effort to get into the spirit of that paper once more and carry on the discussion or at least a revival of the interest in that general subject. In order to do so, I want to endorse the remarks Dr. Hoyt has made in reference to the importance of members of the society being members of the American Institute. The American Institute has a wider field of action which is just as important within its field as is the work of this society within the borders of this State. It is just as much entitled to support, even more so, than any state or local society.

Another important matter along the line of exploiting the principles of homeopathy among the people and inciting their interest in it and an investigation into its principles and truths, lies to a considerable extent with the local societies, and while I am not in favor of advertising as a rule, yet I think we might use that means sometimes to advance our interests, the interests of homeopathy.

I don't know how it is in other parts of the State, but with us the old school societies seldom have a meeting that their doings are not exploited in the papers. Preliminary notices are frequent and notices of their meetings, what they do, the papers that are read, the subjects discussed. In the homeopathic society it is seldom if ever mentioned, and although we have had excellent meetings and invited prominent men to be present to read papers in our society, little or no mention is made of it, and the public a great many times has no knowledge that these societies exist. This is a fault which I should say should be corrected, and the local societies can accomplish a great deal for themselves homeopathically by informing the people that these societies do exist and that homeopathy is alive. And it is so with the State Society. I believe in this organization and I believe in the local societies. There should be a standing committee, a press committee, if you please; call it by whatever title you please, but let their duties be to see that the public are informed of the sessions of the society and of what is done. See to it that the reporters of newspapers are informed as to what papers are read, who reads them if necessary, although that is of less importance than what subjects are discussed and the action taken. It will call the attention of the public to homeopathy, not to homeopathic individuals so much as to the general subject of homeopathy and go a long way to correct the impression that is prevailing to an alarming extent that homeopathy is dead or dying out. (Applause).

THE CLINICAL USES OF THE COLLOIDAL METALS.

W. A. DEWEY, M. D., ANN ARBOR, MICH.

The chairman of this bureau asked me to prepare a paper on this subject. By what process of reasoning he arrived at the idea that I know anything about them, I am unable to state. The fact is that I know nothing about them and consider it almost presumptuous that I take up the time of the bureau with them. However, as the chairman is the responsible party and must take the blame for his employes, I will consider myself one of them and give you all that I have found out concerning the subject in hand.

In the first place, what are the colloidal metals? Colloids are liquid (or even solid) mixtures of two or more substances which are not separable from one another by the action of gravitation or by filtration, but when forced through an animal membrane, leave a substance behind which is the colloid. They are an intermediate condition between an ordinary solution and a suspension. They, especially when of the metals, are prepared electrically, and would seem to be preferable to solutions of the metals as we prepare them in our homeopathic pharmacy, namely, by trituration up to the fifth or sixth potency and then carrying them up in dilutions from this point. In other words, in the colloidal preparations we could have medicines which could be employed strictly on the basis of the provings without having them undergo the troublesome potency practice. It is asserted that the colloidal solution is more finely divided than most of the homeopathically triturated metals, for it is well known that even the triturates of our homeopathic metals can, under certain conditions, precipitate.

With the colloidal solutions we can get the pure metal and these solutions themselves may be run up according to our processes to any potency desired, starting from the colloidized volatile metal absorbed by the water in which it is prepared.

Further, those who have tried them assert that they work better than our old triturations of the insoluble metals. Our provings have been for the most part made with the triturated

metals and whether they do work better than these is a question for experience to answer.

In a paper read before the Berlin Homeopathic Society by Dr. Gisevius, I find about all that has been written on the colloidal metals from the clinical standpoint of our own school. This article and the discussion thereon constitutes all the references to it in our literature that I have been able to find.

The drugs employed were aurum metal colloidal, argentum metal colloidal, platinum and cuprum. Dr. Gisevius used the colloidal aurum in heart affections, in uterine affections and in syphilis and claimed good results from their use, especially in syphilis, where he thought the action was more prompt and better than with the common preparations. He used the colloidal argentum in several cases of neurasthenia. He used these in from the fifth to the eighth potencies. He also reported a case of tapeworm cured with colloidal cuprum in the 3x potency. One or two of those who discussed his paper had also used these preparations with success on the regular indications.

I am not informed whether these preparations are to be procured in any of our pharmacies. The German homeopathic pharmacies evidently prepare them.

It would be well to give them a trial, but it would seem to me to be too early to judge of their value on the scanty recommendations thus far produced. It would not be in accordance with the principles of the homeopathic school to recommend them blindly.

**REPORT OF A PROVING OF ADONIS VERNALIS MADE IN
THE UNIVERSITY OF MICHIGAN UPON TWO MEDICAL
STUDENTS.**

W. B. HINSDALE, M. D., ANN ARBOR, MICH.

CONDITIONS UNDER WHICH THE PROVINGS WERE MADE.

A number of volunteer young men were subjected to a careful physical examination. Two were selected who were found to be in normal condition and known to be of regular habits. They were sent to the provers' table which is furnished by the university free of charge to those upon whom experiments are being made. They were not permitted to eat any food or take any other drink than water except as it was served them at the hand of a trained assistant in accordance with a schedule which conformed to the articles and allowances of ordinary living. They were enjoined from departing, except by permission, from their usual routine of every-day life. In this manner their dietetic history could be observed and kept regular and uniform. In order to eliminate any difference that might arise from their slight change in meals and from rigorous daily examinations to which they were subjected, they were not served with the drug for a few days after all other details of the experiments were in full operation.

They were entirely ignorant of the name, properties or quantity of the drug they were taking. The drug, like their meals, was issued to them by the attendant at regular intervals and notes made of the same as to potency, amount and menstruum. The attendant also took their pulse and respiration-rates and made such observations of casual objective states as appeared to her. The provers were also under constant supervision of a trained laboratory operator who made observations such as analyses of excretions, estimations of blood pressure, sphygmographic tracings and physical states of organs. To this Director of the Pathogenetic Laboratory they reported every day. Each prover kept a day-book in which he noted such symptoms as he observed in himself. He also kept a record of his pulse.

NUMBER OF PROVERS EMPLOYED AT ONE TIME.

From repeated experiments, it has been demonstrated that two is as large a number as can be handled at one time by a single staff of workers in the laboratory. A larger number requires more time than it is possible to give them by the head of the staff working only a single daily laboratory period of three hours. Thoroughness requires a great amount of time and to conduct a series of tests without thoroughness, leads only to indifferent results.

PERIOD OCCUPIED BY THE PROVING.

The two provers will be designated by the names Mudge and Clarke. Prover Mudge took the drug from January twenty-seventh to the fourteenth day of the following March, a period of forty-eight consecutive days. Prover Clarke began taking the drug upon February seventh and discontinued it upon March fourteenth, a period of thirty-six days. They were dismissed from observation upon May first, being detained after taking the last dose for the purpose of determining after-symptoms, if any should result.

SELECTION OF THE DRUG.

The drug was selected mainly because, at the time of the proving, the Department of Internal Medicine was reviewing the subject of disease of the heart and other circulatory organs and, because, from fragmentary statements that are distributed through medical literature, it was believed that adonis vernalis might be found to have useful action upon the blood and its distributing mechanism.

ADMINISTRATION AND GENERAL COMMENTS.

The potencies used were from the twelfth decimal to the tincture, the potencies being employed first. Prover Mudge, whose personal description follows, appeared to be much more sensitive to the drug than Clarke. His dosage ranged from the twelfth down to forty-five drops of the tincture five times a day. Not until considerable quantities of the tincture were administered did any symptoms that could be explained upon the supposition

that they were departures from normal develop. The reports that follow will be understood to be based upon so-called massive doses. Nothing was demonstrated that indicated that the drug has in the least any cumulative effects.

PERSONNEL OF THE PROVERS AND THEIR GENERAL STATEMENTS.

Clarke is a man of apparently great vigor, is five feet, ten and one-half inches in height, weighing one hundred and fifty pounds. He is not impressionable, is very matter of fact. His temperament is not in the least sluggish, on the contrary, he is active, energetic, always alert. He has auburn hair and blue eyes, is erect of figure with no superfluous tissue.

His record shows no striking departure from the normal. The summarization of his day-book is as follows: But slight disturbances of the excretory functions, which can not be attributed to the action of the drug as the same is liable to be experienced by any person in normal condition. The products eliminated were at no time appreciably altered, unless a slight constipation followed by a moderate relaxation of the bowels be put down as such. Much flatus was observed which was evidently caused by the drug. There was occasional pain in the epigastrium, relieved by doubling up or lying on the abdomen. Headache developed during the later days of taking the drug, evidently due to its action.

The head pains were mostly frontal over the eyes; slight lateral head pains were also felt occasionally. The appetite was not altered as in the case of Mudge. There was no unusual desire or dislike for certain articles of food. Sleep, normal. Conditions of skin, normal. In but one particular did he develop a more decided disturbance than Mudge and that was in his sphygmogram, which was altered the same as Mudge's, but has a higher wave, showing not so great arterial tension. While Clarke evidently experienced a physiological disturbance of arterial tone, he did not, like Mudge, have any subjective states which he referred to the heart or precordial region.

Prover Mudge, who is five feet, six inches in height, weighing one hundred and forty-five pounds, is rather light and fair

of complexion, light wavy hair. He laughs easily and appreciatively, is a moderate smoker and appears to be more or less impressionable; appears as if in later years he may take on some rotundity. He is a vocalist, connected with one of the church choirs of the city.

The statements which he makes as a condensation of his day-book are given in his own language.

"The first symptom which I could record as such, came on after I had been taking the drug for about two weeks (this was after he commenced with ten drops of the tincture) and was an irregularity of the pulse, the rate being much accelerated upon the slightest exertion. By the exercise of running upstairs, I once observed that the rate was increased from 72 to 96. On Sundays after singing in church, that is immediately after singing, my heart beat against my chest like a sledge hammer and there was slight tinnitus aurium, something I had never experienced before in my life. Late in the course of the proving (when the dosage had been increased to from 35 to 40 drops), I experienced a vertigo which seemed to be especially noticeable upon rising in the morning and was especially manifest upon turning the head quickly. During the last month of the proving I experienced a precordial uneasiness which could not be described as a pain but might appropriately be called a "consciousness of the heart." Along with this there was a feeling as of a weight on the chest with a frequent desire to take a long breath.

Later the vertigo became more marked and was noticed upon lying down also. In fact, it was produced by any sudden motion or change of position. I developed an abnormal appetite which was especially noticeable toward ten o'clock in the evening; with this there was an obstinate constipation and a great amount of flatulency. I also noticed a decided lack of thirst, not taking upon the average more than one glass of water a day, whereas I usually drink four times that amount.

"Another symptom which might be accounted for by the fact that I was doing considerable amount of desk work at the time, was a tendency for my back to become tired easily and

several times upon lying down there was a dull ache in the small of the back."

It should be stated that neither knew that the drug he was taking was one which was supposed to have special action upon the heart; on the contrary the effort was made to attract attention away from that organ and its connections

DAY-BOOKS.

Of course, to make the reports of the provers of their greatest value, the day-books are essential. The day-books are attached to this dissertation as exhibit "A" and will not be read.

REPORT OF PATHOGENETIC LABORATORY, DR. C. A. BURRETT, DIRECTOR.

In neither prover were any departures from normal found in the blood, although thorough examinations were made upon several different days. Daily analysis of the urine was made, no abnormalities found, either quantitative or qualitative. Neither prover experienced any subjective symptoms referable to the genito-urinary tract. As a result of tests upon the blood-pressure made from time to time, I found the column of mercury always below 120 m. m., which is the average radial pressure for normal males between the ages of 20 and 25 years, to which life-period the provers belong. In the case of Clarke the average was 130 m. m., with Mudge it was 120 m. m. The sphygmograms hereto attached as exhibit "B" verify these findings.

The pulse in the case of Mudge was at times irregular and accelerated, especially after exercise or continued use of the voice. His average for sixty consecutive observations from March first to the eleventh was 83.4, which is an increase of perhaps ten beats per minute above his normal average. Sixty observations tabulated upon Clarke's pulse, the same for Mudge, showed an average of 78.7 which is about the same as his normal average. However, it showed some degree of variation from time to time, during the proving, wider than the normal plus and minus.

Sometimes, after taking a dose of the tincture, the pulse of each would be accelerated from ten to twenty beats, at other

times there would be a decrease or no change at all. The number of times when there was an immediate increase was greater than when the reverse or no change was noted.

CONCLUSION.

The attempt has been made to indicate the methods pursued in making provings in the institution from which this is a report. Because a drug does not develop striking characteristics or a voluminous symptomatology, is no fault of the methods or the provers. That lies intrinsically in the drug.

So far as detailing the symptoms in sequence is concerned, that is shown in the day-books which, I fear, would be more tedious to my hearers than this summary.

So far as outlining the applied therapeutics, or what is some times called therapeutic hints is concerned, that will make the substance of another report which I believe can be made to show, meagre as the tests so far have been, to have considerable working value. Such report, however, should be made only provisionally, until several other provers have been tried out and comparisons made with the view of eliminating the superfluous, unreliable and vague. Pseudo-symptoms and "hidden" symptoms require close and accurate study before they are permitted a place in a permanent record.

DISCUSSION.

Dr. Hoyt: Members of the society, this is a very carefully prepared paper and Dr. Hinsdale's paper is before you for discussion. He has certainly been very nice to come from another State to deliver such a good paper, and it is open to you for discussion. Dr. Hinsdale, we thank you for this paper.

Dr. Hinsdale: You are quite welcome, I am sure.

Dr. Hoyt: Has anyone anything to say regarding this drug, Adonis Vernalis.

Dr. Kilgour: I would like to know what the common name of the drug is?

Dr. Hoyt: I can't inform you.

Dr. Dewey: Pheasant's Eye.

NATRUM MURIATICUM

CYRUS M. BOGER, M. D., PARKERSBURG, W. VA.

Salt has perhaps a more fundamental connection with life than any other substance; mythology as well as science hints at its relation to the birth of living matter. To the ancients it symbolized immortality, permanence or sterility, but the modern world sees more of its stunting and preserving efforts. In man its need is governed by the nature of his food. Many confirmations have shown the seemingly trivial fever blisters of the provings to be a very indicative part of a general state which may also crop out in the form of a mapped tongue, ring-worm or some other herpetiform manifestation.

It impairs elimination and develops a periodicity very like that of quinine, to which it is a great antidote. Why the symptoms should elect to return regularly about 10 a. m., is not clear but very characteristic. Intermittents, brow agues and some hemicranias so commonly call for it that the man who treats them mostly with quinine is indeed a novice in Homeopathy. Heat is usually accompanied by headache or sweating feet, while sweat brings dim vision with it.

It impoverishes the tissues, engenders torpidity and greatly lowers the tone of the whole body. In the mind this is oddly expressed by a sad reserve, easily turned to anger by consolation; usually it originates in mortification, constipation or the sexual sphere.

Various symptoms show its mental depression to be only part of a general slowing down which weakens and fatigues the muscles, at times causing blurred vision with running together of letters, at others a painful shortness of the hamstrings or even emaciation starting from the neck. The effect may be profound enough to induce a slow growth, slow speech and slow gait.

Dryness is very prominent; both the skin and mucous membranes show it. The former becomes inactive, looks tettery, dry, checked or muddy; even the hair falls out and hangnails may

annoy. Although the tongue is dry and the sense of taste and smell blunted, yet oftentimes there is a strange craving for salt or ices coupled with a loathing for all ordinary food, betokening a form of cell hunger not infrequent in anemia, etc. For a like reason it is not out of the ordinary to find a sense of roughness internally or a dislike for coition. Exceptionally the secretions are increased but colorless; easy lachrymation, for example.

Females who need this remedy often crave the pressure of a tight corset or a pillow against the back. They are very apt to be victims of hammering headaches, worse from coughing, or of anxious palpitations, worse from lying down or on the left side.

It should not be forgotten that natrum-muriaticum patients are, as a rule, intolerant of heat; they don't feel so well in summer, in the sun or during the full-fledged malaria season. It is one of the principal remedies for sun pains (compare sang.).

It sometimes suits a cough which seems to arise from a dry spot in the throat (conium) or a tickling in the pit of the stomach, and is accompanied by lachrymation and a bursting headache.

The toothache is worse from both heat and cold.

It has a way of selecting particular regions for its clearest action. The headaches and neuralgias nearly always come just over the brows and, incidentally, are made worse from straining the eyes. Herpetic eruptions are very apt to select the borders of the hair or come about the lips; in fact there seems to be a general tendency to affect the margins somewhere.

The principal antidote is sweet spirits of nitre; then come camphor and phosphorus. It counteracts the effects of quinine and nitrate of silver; especially the cauterization of the latter. In intermittents it should be compared with arsenicum.

THE MODALITIES.

WM. A. GEOHEGAN, M. D., CINCINNATI.

In the study of materia medica, a distinction must be maintained between facts scientifically determined by the proving of drugs and the interpretation of individuals based thereon. The complexity of vital phenomena, the boundless variety of human peculiarities and the consequent differences in reaction to extraneous influences are manifested in the pathogenesis of drugs. In the mass of apparently discordant symptoms a well-trained analytical mind may discern an orderly sequence of striking similarity to some pathological process. The resulting deductions vary according to the natural capacity of the observer; all of them, however, lie beyond the realm of scientific certainty and must withstand searching criticism and be verified by painstaking clinical application before their final acceptance.

The necessity for such critical interpretations will ever continue in spite of numerous provings of drugs even if they are made with the utmost precision and under the most favorable circumstances. These more or less diverse conceptions are merely tentative and are always to be held subject to modification in the light of newly-developed pathogenetic data and that, too, without derogation to the underlying principles. In these critical examinations, we must manifest a great degree of tolerance toward each other so long as there is an honest effort to fulfill the one essential requirement of our therapeutic law.

Diversity of conception or interpretation is nowhere more apparent than in the various applications of Section 153 of Hahnemann's Organon. Dudgeon's translation of it is as follows: "In this search for a homeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the lists of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is *more particularly these that very similar*

ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms, loss of appetite, headache, debility, restless sleep, discomfort and so forth, demand but little attention when of that vague and indefinite character, if they can not be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug."

To me it seems clear that Hahnemann meant to exclude from especial consideration the same class of symptoms that are likewise of little value in diagnosis on account of that general character so common to many diseases and drugs. He certainly did not intend to exclude those symptoms which by their frequent association rather than their invariable presence form the basis for nosological classification.

Diagnosis, it is true, is founded upon a comparatively few crucial facts, but it does not involve exact conformity to the artificially constructed type. For instance: Typhoid fever may be diagnosed in the absence of diarrhoea, nose-bleed, or the rose-spots. To accept the declaration that the symptoms most valuable in establishing a diagnosis are least useful in selecting a remedy, is to abandon the totality of the symptom as the basis of the prescription. In the finer shades of differentiation between remedies which are in a general way similar to the symptoms of the individual, the more peculiar manifestations must determine the choice.

All this is very pertinent to the subject under consideration, for many ardent disciples of Hahnemann are so eager in their search for the peculiar symptoms and especially for the modalities of each drug that they are accepted with little or no pathogenetic or clinical evidence in their favor. Some modalities occur in the provings with such frequency and are in such accordance with the general conditions induced by the drug that they must be ranked among the most striking characteristics. Unfortunately, this is not true of many that are permitted to determine the final choice of a remedy. One eminent authority credits Boenninghausen with having made it possible for us to

find our modalities, and gives an illustration of the method of their selection. "When a drug produces a modality in reference to one symptom that modality is also applicable to any other symptom caused by the same drug, so it is not always necessary to find the modality and the symptom combined in the provings. If the patient complains of a pain in the leg, aggravated by cold, all that is necessary is to find a drug that causes a similar pain in the leg, and if any other manifestation of the drug is aggravated by cold, the drug may be considered well indicated."

For illustration, it is profitable to consider the pathogenetic evidence in favor of four modalities of *byronia*. First: The "aggravation by motion" occurs so frequently in the provings and is so clearly in keeping with various conditions induced by the drug that its worth seems incontestible in spite of occasional alternating effects.

Second: "Aggravation by deep inspiration, coughing and sneezing," occurs in six out of thirty-five provings. These acts, however, involve motion, so this modality seems to rest upon a rational basis and sufficient pathogenetic evidence. The "aggravation by expiration" in three of the total number of provings confirms the value of the first modality and does not weigh against the second.

Third: The alleged preference of *bryonia* for disorders of the right side of the chest is not supported by the provings. The predominance of pains on the right side of the body, as a whole, is very slight, and the characteristic stitching pains in the thorax occur a little more frequently upon the left side.

Fourth: "Relief of pain in the chest by lying on the painful side," is not found in any of the provings. If it has any substantial basis whatever, it is an application of the generalization that the pains of *bryonia* are aggravated by motion and hence must be relieved by the restriction of motion consequent upon lying on the affected side. The 185th symptom of Hahnemann's *Materia Medica Pura* is "Toothache after midnight as if an exposed nerve in a hollow tooth were painfully affected by cold air penetrating to it; the pain is increased to an intolerable degree

by lying on the unaffected side and only goes off when lying on the cheek of the affected side." The authority before mentioned reports a case of pleurisy as follows: In pleurisy and pneumonia, belladonna is distinguished from bryonia in that it has increased pain from lying on the painful side, whilst bryonia has the opposite. * * * A case of intense pleurisy with high fever grew steadily worse until I noticed that the patient lay on the unaffected side. Belladonna was then given and cured rapidly. It is difficult to conceive of a case of pleurisy in which belladonna and bryonia were so equally indicated that such a symptom resting upon such a slight foundation should be required for their differentiation. Let it be borne in mind that the majority of text books give the modalities of bryonia as if they are of equal value. If the modality "relief from lying upon the affected side" rests upon clinical rather than pathogenetic evidence the fact ought to be so stated and the testimony presented to the profession for its consideration.

Throughout our literature there are recorded many cases in which remarkable cures were made by expert materia medics the choice of the remedy being determined by some well established or fanciful modality. Few men are capable of analyzing their own work, and their records fail to express the whole truth, and therefore become misleading. Dr. T. F. Allen thus describes what he terms the impressionist method of selecting drugs. A physician who has studied well the pathogenesis of any drug will obtain a more or less clear idea of the sphere of action and of its peculiarities, which will produce an impression apart from the memorizing of individual symptoms. * * * A drug may be prescribed from such vivid impressions even when the symptoms may not be known to correspond with those of the drug; sometimes it seems as though a correspondence of isolated symptoms was a matter of very little consequence, so long as the general characteristic indications for the drug are present. Some of the most brilliant prescriptions I have ever known have been by this method and our knowledge of the sphere of the curative power of a drug may thereby be greatly extended. It is a method to be used only by a master

of our art, and if used carelessly it leads to disaster and failure." There is reason to believe that many of the recorded cures of Hahnemann, Lippe, Dunham and Hering were the result of the unconscious application of this method rather than the employment of the modalities as the chief guide to the selection of the remedy.

Used in the final differentiation of drugs, the actions of which are comparatively similar to the disease sought to be cured, the modalities have a positive value which is not always in proportion to the pathogenetic evidence in their favor. If, however, their usefulness is to be established by clinical methods even more care is needed than in the proving of drugs, and the records must be preserved for review by the profession. The systematic clinical development of our materia medica is the greatest need of the day and without its complementary influence, the proving and reproving of drugs is destined to bring many bitter disappointments.

In conclusion, let us bear in mind the evident fact that the improper use of the modalities may divert us from the proper choice of a remedy instead of leading us to a scientific selection. The modalities occur in but a small proportion of the provings. There must be many cases of disease to which the drug is really "the similimum," but in which the modalities are absent. Too close adherence to the modalities may thus limit our use of a drug in many cases in which it would prove curative.

This paper is not intended to be iconoclastic—to destroy confidence without pointing the way to something better. Physicians must study the provings of drugs at first hand, but under the guidance of the recorded conceptions of our highest authorities. The study of materia medica can not be made easy. Hard work, enthusiastic work is the price of success. The well-nigh lost art of proving drugs must be revived by the general practitioner and must be taught to our students. The ideal provings of which so much is said and toward which so little is done will not be available in this generation. Your first duty and mine is to the patients of today. With such provings sup-

plementing those already made, the evidence for or against the modalities will grow day by day. With a full knowledge of the pathogenetic power of a drug as revealed by the provings, and of the inherent limitations of such experiments, the recorded clinical experiences of every physician may play an important part in the development of our *materia medica*. Thanks to the law under the guidance of which we study, investigate and practice, every honest effort in the elucidation of drug action and relationship is destined to further the evolution of the art and perhaps ultimately the science of therapeutics.

BUREAU OF NEUROLOGY

- W. B. Carpenter, M. D., ChairmanColumbus
 "Some Pointers."
- C. F. Junkerman, M. D.Lancaster
 "Mental and Reflex Nervous Symptoms in Nervous Diseases."
- W. E. Gault, M. D.Portsmouth
 "How Can the General Practitioner Care for Neurasthenic
 Patients?"
- R. O. Keiser, M. D.Columbus
 "Obscure Nervous Diseases Due to Gonorrheal Poison."
-

SOME POINTERS.

W. B. CARPENTER, M. D., COLUMBUS.

I have taken this very indefinite subject in order that I might be free to introduce more than one topic for thought, and thus broaden both consideration and discussion.

Our First Thought will be based on the following clinical picture.

A man of more than ordinarily vigorous constitution, who has been for many years a slave to an active and exacting profession, finds an unusual though probably slight variation from his normal physical standard. Roughly speaking, it would be very hard for him to point to an actual change in function, organ or appearance, and really to an expert very little abnormal could be discovered. Still, our subject knows that his day's work is a harder proposition than it used to be—the day itself seems longer—he may even use the word "tired" frequently when expressing his real self to others. He notices a flushed face, and sensation of superficial heat over the head and other parts of the body, such aggravation being in the afternoon, and not in the forenoon or evening. Self-examination fails to reveal to our patient any functional change to explain such history, and what might seem still more strange to him, his avoirdupois could increase

slightly. Self-interest and self-protection both incite to efforts to discover why and what. It is our habit to think of an examination for life insurance as being searching enough to ascertain the true condition of any applicant, and such an examination, successfully passed, is usually considered a passport to a thorough satisfaction with the physical condition. But in the case just cited no required insurance examination would aid in understanding the patient as he is.

I would expect to hear almost any one say in regard to this case: "Why, he is simply tired out." That really is a true statement, but it does not give the philosophy of the situation. This is in truth an exhibition of nervous prostration and points strongly to impending danger, and also to what must be done to ward that off.

In the case that is responsible for present consideration, careful expert examination traced the results of the nerve fag to an auto-toxaemia from the partial re-absorption of urea. The danger of this condition is seen in the fact that, continued, it would result in tissue degeneration, probably arterio-sclerosis, with unmanageable organic diseases of heart and kidney.

The remedy for the described condition is a radical one in that effective rest must be secured until the patient has become fully restored. At the stage indicated this can be easily done. We can readily see that the abnormality is primarily in the nervous system, and rest can only be secured by separation from the usual work and life. We have no remedies that could help nature restore to perfect health in the face of continual push and rush of nerve wasting occupations. But an absolute vacation for a number of weeks, with the judicious use of our homeopathic remedies, will be sufficient to restore to health *tuto, cito and jucunde*.

Second. The case above mentioned calls to mind the fact that it is almost an impossibility to point out the exact boundary line between organic and functional diseases. In fact, it may be said with confidence that there is some underlying physical basis to every nervous disease, slight though it may be. If this be so, the list of so-called nervous or functional diseases must con-

stantly diminish, and you will all concede that recent classifications embody this thought. The plebeian name for nervous prostration is fatigue. That means tire, and it is only when it is exaggerated that it is a fit subject for our consideration. Those words themselves seem simple enough, and can be defined and explained by almost any one; but when attached to abnormal physical conditions they are used to express complex phenomena of which we are still in ignorance.

What really is fatigue? Where is it located? It has been shown that muscular fatigue is an intoxication due to accumulation of certain elements produced by functioning of the muscle. So we have a right to assert nerve centre (brain) fatigue is the result of similar processes in those tissues, and being more delicate and sensitive the deleterious effect is more rapid and deadly.

Though we are denied the privilege of comprehending these matters as we desire, we do know this, that seasons of activity should be followed by rest, for in no other way does nature recuperate. When this alternation is only partial, pathological conditions ensue; the practitioner is consulted, enforced rest or change follows in the hope that this, though tardy, may, with collateral general measures, suffice to restore to health. And incidentally I may say that the medical man should make a personal application of this thought, and arrange for frequent and sufficient vacations from his nerve-racking routine.

Speaking of nervous prostration or fatigue we are reminded of one of the neuroses, neurasthenia, and I mention it merely to say that there is a real difference between the two, though primarily the terms were intended to express the same conditions, physical and mental.

The term "neurasthenia" is not expected to include as many different complaints as formerly, as some of them have been transferred by advancing knowledge to the other two neuroses. Neurasthenia indicates depressed function of the whole nervous system, but is associated with irritability in spite of the weaknesses. Mental and physical over-strain will account for most of the cases of neurasthenia, but a very large number are due to other excesses or poisons, or organic diseases or accidents.

Recently many of the most peculiar mental symptoms that have all along, for want of better classification, been grouped with the syndrome called neurasthenia or hysteria, have been culled from those categories, and are known as a clinical entity, psychasthenia. This is a far more serious affair than the other neuroses, as it has its roots always in a congenital predisposition, showing its presence in some way or other in childhood, and reaching its full development in rather early adult life to remain as a permanent psychic aberration. And for a few moments I ask you to notice this neurosis which is really the most important of them all, and is most interesting to the specialist, or to the general practitioner who usually meets such "queerness" first.

Raymond has best discussed this disease, and I shall quote him freely. The important symptoms are psychical and have three groups: obsessions, imperious acts, and "stigmata."

1. These persons are really "possessed," and the varied depressing obsessions of shame; of crime, of sacrilege, etc., have certain common characteristics.

- a. They are involuntary and automatic and depressing.
- b. They are alien to normal mental processes.
- c. They are tenacious and have a tendency to re-appear.
- d. They are recognized by the patient as morbid to some extent.
- e. They have a tendency to be transformed into active performance.

Here comes into play the term "impulsive" ideas, some of which (suicide) are successfully resisted, but many more (e. g., steal, drink, sexual perversion) are too powerful to be controlled.

- f. They are free from hallucinations.
2. Imperious acts also clearly mark the psychasthenic.
 - a. These may be mental-mania of hesitation, explanation, asking questions, or such a mixture of these various manias that nothing is really said or done.
 - b. They may be forced motor mental processes—walking, talking, wild, complex movements, etc.

c. They may be forced emotional mental processes, e. g., phobiae (fear of country, of the dark, of metals, sharp point, dirt, poison) featured by combined repulsion and attraction, to which largely is due the general apprehension which is the bane of such a victim's life.

3. The "stigmata" of psychasthenia are:

a. "Sentiments of incompleteness," engendering feelings of hesitation, timidity, irresolution, indecision, indifference.

b. "Symptoms of insufficiency," inducing awkward motions, affected attitudes, complete inability to initiate actions.

Our patient lives in the past, and depends on outside persons or things for comfort, or excitement, or support.

The physical symptoms are those common to the neuroses. I merely refer to this nervous disease so that you may follow it with greater interest, for it is by no means a rare trouble, and that you may contribute something toward the more successful management of what has been hitherto spoken of as irremediable.

We are doubtless all very much interested in our *materia medica*, so a few pointers will be pleasing.

Among our too frequently forgotten remedies is *valeriana*, and it is one which might play an important part in the successful treatment of severe nervous troubles, if it only had the chance. With a special influence on the brain and organs of sense, it has in its pathogenesis headache, dizziness, irritable restlessness (mental and physical), sadness, wakefulness, and many of the depressed states so often associated with hysteria. You will recall, too, that this remedy reflects many of the nervous symptoms appearing at the menopause, as well as the globus, cough and flatulence of hysteria. Its most curious symptom is "sensation of thread hanging down into the oesophagus from pharynx, causing efforts to vomit." But there is yet another phase of its action to which I want now to refer especially, and that is its power to arouse the system so that it will respond to some well selected remedy called for by a hysteric, neurasthenic or psychasthenic state. This action of *valeriana* in the nervous field is an important one, and is similar to the familiar

result of the application of sulphur and psorinum in general asthenic states.

Avena Sativa is a splendid remedy in the functional depression and nervous exhaustion due to loss of sleep and over-indulgence. And it is especially indicated if such a patient has become addicted to the use of morphine. The drug can be continued for a long period of time, if necessary, with no ill result whatever, provided the dose is not allowed to be increased so as to develop the physiological effect "pain at the base of the brain."

In this remedy we have one of the best means of combating the morphine habit, however acquired. You would think of *cannabis indica* if you found all the perceptions, sensations and emotions intensely exaggerated. This drug is also pre-eminent for being able to cause that most extraordinary of all nervous conditions, catalepsy. (stan. mur.)

Recently this drug gave me marked beneficial results in the case of an accountant whose chief evidence of brain fag was forgetfulness. He could not remember figures long enough to successfully add a ledger column, and would stop in the midst of a sentence because he could not keep track of what he had already said.

I want again to remind you of *lathyrus*, a remedy brought to the attention of this Society some years ago by Dr. Dewey. It was then shown that even organic cord lesions could often be reached by the remedy. Here is another pointer for this remedy. You will find it probably your best help toward recovery from wasting and exhausting diseases, e. g., la grippe, where there seems to be an unaccountably slow rejuvenation of nerve power.

In closing I wish to introduce another topic as I know some here can amplify it in the discussion. It is "Sleeping Sickness." Known for a hundred years, associated with African tropics nearly all the while, it has seemed so far off as possibly to be rather uninteresting. However, of late years it has spread rapidly, attacking whites as well as blacks, and now merits more attention. It is easily recognized as a disease of the central

nervous system by the symptoms, "chronic headaches, indeterminate pains over the body, tongue tremor, pruritus, lethargy, glandular enlargements, change of disposition." It has been lately shown that this malady is due to some form of trypanosoma, a protozoan parasite. Some cases are reported in our country, and even in our own neighborhood, due to causes other than hysteria, and I ask those here to report something as to the history, nature, etiology, symptom etiology, treatment and sequelae of this nervous disease, the like of which we have not had till recent years, the opportunity of meeting and studying.

MENTAL AND REFLEX NERVOUS SYMPTOMS IN NERVOUS DISEASES.

C. F. JUNKERMANN, M. D., LANCASTER.

From experience, we all know the importance of the mental symptoms in prescribing for a patient and the importance which Hahnemann gave to them.

We can see the objective symptoms, such as tissue changes with other abnormalities, and hear a recital of the objective symptoms, after which, we are as a rule, no nearer the simillimum than in the beginning, from the fact that so many remedies have similar changes in tissue, eruptions, discharges, etc., so much so that it would be almost impossible to select our remedy from the number as a true simillimum with any certainty.

Hahnemann says, "After carefully taking all the symptoms, both subjective and objective into consideration, then lay special stress upon the mental symptoms." This is true from the fact that the disturbed vital force manifests itself through the nervous system which contains it.

It is in cases that are so similarly allied to each other that the importance and value of the mental symptoms are realized, as it is through these that the peculiarities of the individual patient are manifest, and in this manner lead to the selection of one remedy that is peculiar to each patient, from among a number of remedies.

The brain, being the greatest nerve center, would naturally present the most exact picture of how the disease-producing element affects one individual differently from another, as it is through the brain and nervous system that we should expect to get the uncommon and peculiar symptoms that are of the most value in selecting the remedy. Where the importance of mental symptoms is true to all diseases, it is decidedly true in the class known as nervous diseases, and it is through the importance given these symptoms that homeopathy has gained such advantage over the old school in treating this class of cases in particular.

As examples, I will recite three clinical cases.

Case I. February 1, 1892. Mrs. G. C., age 45 years, mother of two children, younger of which is seven years old. No mental manifestations until the past few weeks, since which time she has become quarrelsome, very suspicious, talkative, absurd and foolish, jealous, inclined to laugh without cause, great hilarity over serious matters, restless sleep from mental excitement, full of imaginations and hallucinations, thinks her husband is not leading the religious life he should and that he will die and be lost, thinks she has committed some dreadful crime of which there is no evidence; all other functions seem normal. Hyoscyamus 3rd. was prescribed and proved all-sufficient.

Case II. March 5, 1894. Mrs. J. H. B., age 50 years, a sister of Case I, light hair, light blue eyes, very large, pendulous abdomen, presented the following story: About six weeks previous, she began to complain of feeling queer sensations of chilliness in the stomach and chest, suffocating spells worse from least exertion, chest very sensitive to touch, fears that her friends have observed her confusion of mind, is very forgetful, fears she will lose her power of reason; at times becomes very melancholy and sluggish with frontal headache, fears she will be taken to asylum as her oldest sister was some eight years ago; thinks her trouble started similarly to her sister's. Calcareo carb. 30th. was given and produced an absolute recovery.

Case III. February 15th, 1905. Was called to see Miss E. B., age 18 years, dark hair and eyes, somewhat emaciated; one year previous she had been advised by her physician to give up her studies and school on account of being overworked and unable to stand the strain. This, instead of helping her condition, only served to increase and further exhaust her nervous system, as her whole mind and all her energies were thirsting for a higher education. The whole family was in a great state of excitement as they had just had a consultation of two physicians who gave them no encouragement whatever. I found her held down on the bed by three strong women, who seemed to have all they could master to keep her from escaping. The case being in such a state of agitation, my first efforts were to use all the suggestive and hypnotic influence I possessed; these worked admirably, and in less than five minutes the young lady was as calm as anyone in the room. After taking a careful history of the case she was given *ignatia* 3rd., which did splendid work for a few weeks, when *calcareo phos.* 30th. was given, after which she became able to resume her studies and is now a very useful woman.

In "Gould's Dictionary of Medicine," a symptom is defined as "that change or phase which occurs synchronously with a disease and serves to point out its nature and location;" from this definition we would be led to infer that, if we have a certain symptom or group of symptoms, there can be little doubt as to the nature and location of the pathological condition producing them, and this is the case when speaking of direct symptoms; but when considering reflex symptoms the nature and location of the pathological condition is not always clearly pointed out.

Reflex nervous symptoms are due to an intense or long-lasting irritation or impression upon some nerve center, and may be manifest either as motor, sensory or functional phenomena, and from their nature make it difficult for the physician to ascertain the character and location of the lesion upon which they depend. If the irritation or impression were at the origin or along the course of a motor or sensory nerve, the symptom would first be referred to its peripheral distribution, but having

failed to locate the lesion at either of these points, we must push our investigation beyond the domain of the nerve or set of nerves in which the symptoms are manifested.

It is only after careful consideration of the intimate relation existing between the cerebro-spinal and the sympathetic nervous systems that we can understand the influence which they exert over each other.

Let us here briefly consider the anatomical plan of the sympathetic. Extending along each side of the spinal column from the base of the brain to the coccyx, we find segmented ganglia upon the posterior root of each spinal nerve, also vertebral ganglia situated along the sides of the vertebrae and connected with the spinal ganglia by two strands of nerve structure; still further toward the viscera are situated what are known as the collateral plexuses, the cardiac, solar and pelvic, and still farther on, lying within the walls of the viscera themselves, what have been called automatic visceral ganglia; all these are connected by an intricate network of communicants, connecting also with all the cranial nerves, uniting with the fourth and sixth cavernous sinus, with the olfactory and the auditory at their ultimate expansion, as well as being in close connection with all the others with its cranial ganglia, forming thus the great blending and binding pathway and influence. In the light of this intimate blending of the two great nervous systems, their influence one upon the other would not seem phenomenal but rather almost an anatomical and physiological necessity.

Since the normal pathways of sympathy are so numerous and when, in connection with this, we consider the influence that any part of either nervous system has over the other parts of the same system, it is easy to understand how numerous the causes of reflex disturbances of motion, sensation or function may be.

We have already stated that the reflex nervous symptoms are due to an intense or long lasting irritation or impression upon some nerve center, a nerve center being a group of ganglionic cells acting together in the performance of some function. We find upon investigation of the two nervous systems, that

there are four great nerve centers, which, with their connecting ganglia control the organs of the body and their functions and receive impressions from them as follows :

First: The Brain, controlling all voluntary motion and receiving impressions from all the sensory nerves and nerves of special sensation, or in short, controlling sensation.

Second: The Cardiac plexus, with its influence over the heart and blood-vessels, controlling circulation.

Third: The Solar plexus, supplying all the organs of the abdomen and the ovaries or testicles, influencing their motion, secretions and excretions, controlling digestion and elimination.

Fourth: The Pelvic plexus, supplying all the pelvic viscera and the penis, controlling reproduction.

As all these organs are so intimately associated through the nerve centers controlling them, it naturally follows that reflex symptoms may be traced to an irritation or interference in the functional action of any of them.

Hence our conclusion that many of our most reliable symptoms upon which we base our prescription will be found in the mental and reflex nervous symptoms.

HOW SHALL WE, IN GENERAL PRACTICE, CARE FOR OUR NEURASTHENIC PATIENTS?

W. E. GAULT, M. D., PORTSMOUTH.

It must not be assumed I expect to answer this question, but I do wish to present some of the many difficulties that arise in treating this class of patients. Then if some one can give us some suggestions as to *how* to overcome these obstacles, we will let him furnish the answer.

Nervous troubles are not rare now and, owing to the strenuous life so many are living, will be more and more common as time goes on, and much depends upon us in general practice whether we let these cases drift on and become incurable or have them cared for in such a way that they may enjoy living. The physician of today is devoting as much time and study to the prevention of disease as to its cure. This applies just as truly to nervous and mental diseases as to contagious and infectious ones.

During the past winter we have had many cases of la grippe, and while in most cases they were not so severe as in past epidemics, yet the nervous exhaustion and mental depression were most pronounced, seemingly out of all proportion to the severity of the disease. It was in trying to care for some of these patients and overcome the many obstacles encountered in home treatment that I found reasons for bringing this subject before you for consideration.

It might be answered by some in one short sentence, send them to an institution where a specialty of caring for such patients is made. In some cases that is the solution, but in many others it is impossible. Sometimes from a financial reason they cannot go; this is sufficient reason to the institution for keeping them at home. It devolves upon the general practitioner to decide when they must be sent away and where is the right place for this particular patient.

We, in general practice, are at a great disadvantage in treating nervous and mental cases in the patient's own home. We can not have that absolute control that is so necessary for success.

Very often the nurse is one of the family who has other duties to perform besides caring for the patient and a nervous patient is most exacting on both nurse and physician.

Something more is necessary than the administration of the indicated remedy in the proper dose at the right time. In fact, we find medicine the smallest part of the treatment, and to attempt hydrotherapy, electrotherapy and vibration in the patient's home with one of the relatives for nurse and assistant, is one of the most trying procedures and is usually discontinued before there is any chance for benefit from the treatment. The best results are obtained by the physician getting complete control of the patient's mind, so as to help him get control of himself. As our good teacher, Dr. Buck, has said, self-help and self-control are absolutely essential to recovery. The family physician and adviser is sometimes better able to accomplish this end than an entire stranger, yet in some cases the stranger will succeed where one, who has been faithful adviser and friend, will fail. It is necessary to know many things concerning the family; not alone the temperament of the patient, but his environments and the family genealogy, even to the family skeleton, to be able to direct the proper treatment, and these things are only known by one who has been near the family, in both their sorrows and their joys.

To get control of your patient and maintain that control requires a great deal of time, which is no small matter to the general practitioner when there may be a case or two of measles or a colicky baby to see, an obstetrical case pending, or a broken bone to set, all urging his immediate care. It also draws upon his nervous energy to such an extent that he may soon become a patient himself, for while "By medicine life may be prolonged, yet death will seize the doctor, too."

It is in this class of cases that we get the most advice from the relatives and friends. One will say, you must be firm with her and make her get up; there is nothing the matter with her; she's only nervous. If we feel firmness is needed and pursue that course, we are then accused of being too severe, cross, and unsympathetic, and finally the patient may work upon the sym-

pathies of the friends to such an extent that we find our services no longer required and another physician is called; this may be a blessing in disguise.

One case which came into my hands ten years ago had been confined to bed for six or eight months, the only symptoms complained of being pain in pit of stomach and "Oh, so weak," too weak to talk, could only whisper. She was turned over to me by her family physician, who had known the patient all her life; but it seemed he could get no results from his treatment. More for his relief than for the patient's, I took charge of the case; within two months she was up and about and apparently made a complete recovery and kept well until the past winter, when after nursing her father through his last illness of eight months' duration, she had an attack of La Grippe and was left in about the same condition I found her ten years ago. It looks as though it might be necessary to call yet another physician to get the results desired.

"But when ill indeed,

E'en dismissing the doctor don't always succeed."

Another patient, after for two years taking care of her father afflicted with cerebral softening, was in such a condition from nervous exhaustion that it seemed home treatment brought no result. I placed her in an institution for two months, which benefited some, but not as much as we had hoped. Then, after using electricity, lymph treatment, and osteopathy with very little if any results, she was sent away to visit, to get her away from medicine, doctors and all sorts of treatment. After being away about two years, part of the time being spent near the ocean, she has returned home, able to walk several squares and look after her light house work, which she hadn't been able to do in six years.

One more case will be enough to show that each case is a law unto itself and must be so studied and treated. This patient was tired of her home, her husband and her children. If he employed a nurse, she immediately thought her husband too attentive to the nurse; if he tried to wait on her himself she was very apt to throw medicine, glass and all, at his head. After

two weeks in a hospital, she wrote the most heart-rending letters to her husband that she was dying to see him and for him to come and take her home, and it was hard to keep him from going for her too soon. I advised him to keep these letters and read them to her later on, which I think he has done. That was five years ago and she occasionally has a relapse, but has not been so bad as before her treatment away from home.

The obstacles which we encounter in the home treatment of our nervous patients are many, not the least of which is the management of the relatives and friends. I have never tried it, but it seems possible that, if we had retreats to which to send the relatives and friends, our patients would perhaps make a more rapid recovery.

To say there is not much the matter with these patients because we have said medicine is one of the minor points in treatment, is a serious mistake, and it rests upon us in general practice as to what shall be the outcome of the trouble. If we diagnose our case correctly as to the disease and the cause and select the best way to get rid of the cause, we can save many patients to a life of usefulness and pleasure. On the other hand, if we are careless and assume there is not much the matter because we cannot see the diseased anatomy so we can find something to cut out, we allow our patients to drift to incurability, to end their days in an insane asylum. There are some things worse than death.

Yet, with all our discouragements, we believe the homeopathic physician is best fitted to care for this class of patients, be he specialist or general practitioner, for "he has added to his knowledge of medicine, a special knowledge of homeopathic therapeutics," and "all that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

DISCUSSION.

Dr. Carpenter: Neurasthenia is one of the most active subjects we have. Dr. Gault has introduced the subject and we would like to have a thorough discussion of this peculiar disease.

Dr. I. N. Palmer: I thought to hear a thorough discussion of this paper. It appeals to me strongly, and certainly touches a

field in medicine that has been neglected by the profession, but one capable of producing great results.

When we have taught these people how to think, how to eat, and how to intelligently exercise the muscles of their bodies, we will find less use for medicines.

We are slow in recognizing the value of suggestion. Our medical colleges give us nothing, teach us nothing of mental philosophy nor of the relationship of mind to body, and we meet our neurasthenic cases with an armamentarium wholly inadequate.

A course in metaphysics would simplify matters much and qualify us to handle these cases more intelligently.

Their minds are not right. They constantly magnify their ills. They need to be taught to recognize the good in all things, to live in harmony with existing conditions and see the "misfits" of life only sufficiently to contrast them with right. Mind is as much a force as steam or electricity, and, if directed properly, produces results equally as definite and equally as harmonious. Our duty now is to learn the laws which govern mental force and their correct methods of application. Then, correcting of the errors of metabolism by the proper attention to diet, and exercise, and giving "so-called" ptomaine poisoning the consideration it demands, we will cure these cases.

Dr. Horner: Dr. Dubois, of Berne, Switzerland, has published a book along the line referred to by the last speaker, "The Psychic Treatment of Nervous Disorders," treating of the great work he has been doing and the tremendous success which has been accomplished along this line of explanation to these patients of the condition in which they are, the reasons why they are in that condition, the best of the symptoms and the worst of the symptoms.

I don't see, from my standpoint, and I am speaking altogether in an optimistic way, how the general practitioner can handle neurasthenic patients. In the first place, they are the hardest patients to handle that I have ever come across, and I am speaking from an experience of twenty-five years in the general practice, and half of that time in my specialty. There is no condition that confronts me which I consider more difficult to manage so as to get results than this condition of neurasthenia. There is no disease in the treatment of which you have to know so much as in this condition. I mean by that, and I think I can speak advisedly, there is no symptom of which this neurasthenic may not complain and for which you must have a ready explanation or suffer the loss of that patient's confidence in you. There is no remedy of which this

patient may not hear of which you can afford to be ignorant, because you must be able to explain to your patient when he or she wants that remedy why they should or should not have it. There is no line of treatment of which you can afford to be ignorant. There is no patient that is going to take up more of your time than a neurasthenic patient. I visit a neurasthenic patient—I have done it time and time again, when I am in a hurry, when I want to get around quickly, and I am simply tied down with bands that I cannot break, by that patient's questioning, to a visit anywhere from ten minutes to two hours and a half. If you attempt to go away sooner than they want you to go, their confidence in you diminishes. Added to this is the fact that you have to visit this patient for the ordinary fee. If you charge Mr. Jones a dollar a visit to see his son who has typhoid fever, you can't charge Mrs. Smith next door three dollars for a visit and you have to spend an hour's more time with her than with the other patient. The specialist does charge more and they will pay more to him. That is the hardship to the general practitioner.

Dr. Arndt: In this condition the remedy is a good deal like the one David found in meeting Goliath. The armor of Saul didn't seem to work very well with him. I haven't found any trouble in handling neurasthenic patients. What I understand by neurasthenia is nerve weakness. It doesn't seem to me that ought to be so difficult to handle, if you can set their mind at rest and eliminate the element of fear and apprehension, which you ought to do, and let them have plenty of nourishment; I don't believe, from my experience, that it is wise to pay too much attention to their whims. I would just about as soon give the case up, if I haven't got control of it. I want to boss the case or I want somebody else to do it. I have that distinct understanding in the first place and I find it satisfactory. I have had good results in handling neurasthenic conditions, by eliminating the element of fear and making them feel that I understood what the condition is and positively refusing to listen to questions.

Dr. Kilgour: That is an excellent paper, well written, well conceived and well presented. The Doctor is evidently on the right line when he asserts that the general practitioner can control a large majority of these cases, and there are lots of situations where none but the general practitioner can do it. As Dr. Arndt says, he must control them absolutely.

I want to relate an experience or a conversation I had with an alienist along this line. I was for a number of years a near

neighbor of the famous Dr. Orpheus Everts, who was called as an expert in the Guiteau trial. I knew him well. He would say to me, in talking of these cases, "Doctor, never send your cases to the sanitarium unless you are absolutely compelled to. Never until the last resort send your patient to an institution. I always advise my friends not to do it; there is something that attaches to a patient who has been in an institution of that kind, a sort of stigma." And I think it is the general practitioner's duty to do all he can himself, and he can do it in ninety-nine out of a hundred cases.

Dr. T. A. McCann: I believe that the great trouble in handling these cases lies in the fact that we are afraid of losing them; afraid they will run off to somebody else. I am with the gentlemen right here. If a neurasthenic patient comes to me and I feel there is nothing the matter with him, I tell him so, and I tell him if he don't believe what I say, if he hasn't that much confidence in me, he can go to the other fellow, that I haven't time to fool with him. If a patient came in to my office and talked to me two hours and a half—took two hours and a half of my time and I charge him the ordinary fee—well, that wouldn't happen but once.

I have a patient in the hospital now on whom I operated for appendicitis that was nothing but a neurasthenic case. That gentleman wouldn't permit me to put my hands on him with enough severity to tell whether he had ever had appendicitis or not. He told me he had had it for three years and there was a raised place over the region of the appendix that I could see; I couldn't feel it because he wouldn't allow me to touch him. I said, "If you have had appendicitis for three years, get yourself to the hospital and I will operate on you at eleven o'clock tomorrow morning." I could find nothing the matter with him, not a thing the matter, but I felt that the dangers of the operation were less than the danger to the mind. I found an hypertrophy of the muscle over that point, where he had protected it by constant contractions until it was three times its normal size and a good heavy muscle at that. We want to get away from being afraid of our patients and being afraid of losing them. I don't believe in this thing of hiding things from patients. If you tell a patient he has tuberculosis and he is dangerous to himself and to the community, if he wants to run away, let him go. Somebody else will give you credit for it. That is the point with the Christian Scientists—I have had it in my own family, I know what it is. They get the confidence of their people by telling them things are absolutely thus and so and we have got to meet our patients on that same ground, and we will get all there is in Christian Science.

Mental science is not taught enough in our schools. We are not taught anything about mental conditions in our schools. We must take a firm stand with the neurasthenic. I had a lady once, a neurasthenic, the worst case of neurasthenia I ever had, who frequently called me ; I was satisfied there was nothing the matter, and a good big cup of ice cold water, quickly let go on her cured the case and they are still my patients. This was about five years ago.

Dr. Gault: I thank the gentlemen for the discussion ; they have all hit points that I wanted to talk on, or wanted to get them raised. As to the name "neurasthenia," there is a difference between neurasthenia and hysteria. A hysteric patient you can perhaps pour cold water on and cure her, but to say there is nothing the matter with a patient who has neurasthenia is a sad mistake. They are sick and I think the general practitioner makes a mistake in saying they would be glad to give them up. Somebody has got to take care of them and we have got to do with them the best we can. We would be glad to send them to a specialist ; some cannot go, and some won't go, and we must do what we can. Dr. McCann is a surgeon ; if he wants to find something to cut out to cure his patient, that is all right, but sometimes they need other treatment beside the knife. Christian Science would be all right, as Mr. Dooley expressed it, "If them that calls themselves Christian Scientists had a little more science and the doctors had a little more Christianity, I wouldn't care which I called in, provided I had a good nurse."

GONORRHEA AND OBSCURE NERVOUS DISEASES.

R. O. KEISER, M. D., COLUMBUS.

On June 10th, 1907, a strange young man walked into my office; he was a perfect type of a nervous wreck. The muscles of his face were twitching, his mouth was screwed from side to side, and into all imaginable shapes; his eyes were winking and blinking; the arms and legs were moving, and the chair on which he sat seemed very uncomfortable, for there was almost a continuous shifting of the entire body from one position to another. If you have ever seen a bad case of chorea, one in which all parts of the body are involved, you have some conception of the condition of this young man. His history is as follows: Father and mother living and in good health, except the father has periodical attacks of rheumatism. The patient had had the usual children's diseases. He was educated in music and for several years was a teacher of piano and did some concert work, but had been compelled to give up his music on account of his extreme nervous condition. About four years previous to this date he had contracted a case of gonorrhea; he had the usual injection treatment and thought himself cured. About every four months there would be a re-appearance of the discharge; other symptoms began to develop; he noticed that his mental condition was changing; that he had new and un-called for desires. Some months ago, in attempting to stop the discharge, a severe case of orchitis was induced; this confined him to his bed for two weeks and to the house for six weeks. When he came to me, in addition to the extreme nervous condition, he was suffering from a profuse urethral discharge, a mixture of yellow and green. He was morbid; his memory was faulty and bad; he was irritable, tired and disgusted; it was almost impossible for him to utter a sentence without swearing; in fact his discourse was one round of profanity. He had been the "rounds" and came to see if I could give a correct diagnosis of his case or could relieve him of his condition. His was simply a type of many of the cases of uncured gonorrhea. The source of infection in his case was in the prostate gland and

adjacent parts. The new infection which he, from time to time, seemed to acquire, was simply a reinfection from himself from the uncured gonorrhea. Gonorrhea, as a disease in men, has not received the attention it should. We are too prone to assume that the disease is cured as soon as the discharge ceases. This fallacy comes from the fact that we have assumed that gonorrhea is a purely local disease; at the start it may be local, but as soon as the profuse discharge begins, it becomes constitutional; constitutional, in the sense that toxins are developed, which affect the various tissues and parts of the body and which, until eliminated, will affect the system and prevent a complete cure. The gonococcus is a traveler and a sneak. When it enters the male urethra, it travels quickly toward the prostatic portion and soon becomes imbedded in the mucous membrane, or enters one of the many orifices that open into the urethra at this point. After entering the orifice it becomes dormant and remains so, as far as external symptoms are concerned, until aroused by some undue influence. This may be a prolonged worship at the shrine of Bacchus or over-indulgences in the manner and quantity of eating, or it may follow soon after the assumption of the marriage vows; in any case this minute bacteria again becomes active, a new discharge is induced and the man asks, Why?

The prostate gland, as you all know, is situated at the neck of the bladder, forming the large end of the funnel connecting the bladder and membranous urethra. It is a musculo-glandular organ enveloped in a fibrous capsule. "It is about the size and shape of a horse-chestnut, with its base directed toward the bladder and its apex in front. It lies upon the rectum, being separated therefrom only by loose fascia. Its transverse diameter at the base measures one and one-half inches, its antero-posterior diameter, which corresponds with the length of the prostatic urethra, is one and one-quarter inches, and its depth three-quarters of an inch. It consists of two lateral lobes of equal size. Some writers mention a third or middle lobe, but this is regarded by most authorities only as a pathological condition." The floor of the prostatic urethra is a very complicated

and highly sensitive structure, and bears an important relation to the gland from both a functional and pathological view-point. In the center of the floor is a small eminence, the veru-montanum, and on either side of it are the prostatic sinuses into which open some 15 or 20 prostatic ducts. The openings of the two ejaculatory ducts are just anterior to the veru-montanum.

One author in commenting on the foregoing anatomical condition says, "If nature had purposely aimed to punish those who violate her laws in a manner never to be forgotten, no better plan could have been devised than this arrangement of the ducts and sinuses on the floor of the prostatic urethra. In truth the unlawful and blissful moment of joy is too often transformed into days, even years of despair, through the arrangement just mentioned, for it is by this route that urethral disease is carried to the deep-seated sexual organs." The gonococci, becoming imbedded in some of these recesses, hibernate, and from their secure position, send forth into the system toxins that produce untold misery and symptoms that are difficult to fathom. The nervous system seems particularly prone to attack and the case cited at the beginning is a good example of this fact. Other symptoms that may be found in these chronic cases are hemorrhoids, eructations, intestinal indigestion, headache, usually in the top of the head, corresponding to the peculiar headache of women, showing trouble with the generative organs. I have found that the symptom of cold feet is almost constant in young men with prostatic or chronic genito-urinary trouble. In many cases the first symptom is a pain in the back, which extends over the hips and down into the leg; following this there is a twitching of the lower limbs, or the fingers may tingle; impairment in the use of the arms and hands, noticeable in writing or in handling the knife and fork while eating. They get a form of "dropsy," i. e., they are uncertain with their grip and are liable to drop whatever they are carrying or handling. In others, the lower limbs feel heavy and numb, requiring great effort to raise them in walking; there may be pain over the bladder, in the rectum, and at the end of the penis, following urination. These pains last from three to five minutes. Fol-

lowing sexual intercourse, the patient may have the same kind of a pain, lasting for hours. They get nervous, afraid in the dark, afraid of their own shadow, cannot stand any excitement. One patient said to me, "I cannot go to the theatre or any place where there is a play on the emotions; I simply sit and tremble, my arms and legs are in constant motion and I have a desire to scream at every exciting incident." Melancholia develops; with it a loss of memory, lassitude, loss of weight and loss of ambition. Some even develop a desire for suicide, but they usually have not the nerve or ambition to follow the auto-suggestion. There is a constant diminution of the finer perceptions, a gradual degradation, a downward moral tendency; the sacred things, those pursuits that tend to moral elevation are gradually passed, and lewd, vulgar and immoral ideas are embraced. It is a gradual downward tendency, both physical and mental, a nervous breakdown, nervous prostration, if you please, without appreciable cause. This forms a formidable array of symptoms, yet they are symptoms compiled from actual cases. You will, perhaps, never see all of them in any one case, yet this array of symptoms serves to show this, whenever you see a young man starting on the downward course, becoming a nervous or physical wreck or both, you should inquire into his past history and, if he has ever had gonorrhea, examine his prostate gland and the adjacent organs. It is well always to bear in mind the declaration of one of the lecturers in a Philadelphia hospital, which was: "I would not vote for any man to graduate in his class who failed to suggest examination of the prostate gland in answer to the following question: What would you do if a young man presented himself with an obscure nervous disease?"

In any obscure nervous disease seek the cause and remove it, if it is an uncured gonorrhea, cure the gonorrhea and the nervous symptoms will fade away.

DISCUSSION.

Dr. Carpenter: Another important subject is before you for discussion: We would be glad to hear any discussion upon this paper.

Dr. Horner: I would like to make another suggestion which comes as the result of recent experience. For these conditions of nervous disorder, obscure nervous disorders where it seems impossible to find any sufficient cause for it, I have been in the habit recently, within the last year, of prescribing medorrhinum in the 1M. furnished by the Smith Pharmacy Company. I give that for a week, one dose a day, or perhaps two weeks one dose a day. If I get no results, at least no symptoms which seem to indicate the cause of the trouble, I give psorinum 1M. the same way, and if I still get no results in the first two or three weeks—of course they are all chronic cases when you have the opportunity to do this—I then give sulphur 30. Just what the result from this treatment is I do not know, but the supposition is it will renew some condition, some suppressed condition on which is based the train of nervousness.

Dr. Arndt: I want to emphasize a point in this paper which I think is most important—the examination of the prostate gland in nervous disorders in men. I have had experience of that kind in quite a number of cases in the last two years and in not a single one did I fail to find relief from treatment of the prostate gland, which had in each case been injured. I had not been able to obtain a history of gonorrhea in more than a very small per cent of the cases. Even without a history of gonorrhea, there may be other influences that lead to the hypertrophy or enlargement of the prostate gland which give rise to these nervous symptoms. The treatment has been exceedingly satisfactory—a mechanical treatment, as a rule, either the vibrator or the Morton static spark, with the greatest improvement following.

BUREAU OF DERMATOLOGY

- P. C. Kilgour, M. D., *Chairman* Cincinnati
 "Diet as Related to Disease of the Skin."
 C. L. Moore, M. D. Cleveland
 "Anidrosis."
-

DIET AS RELATED TO DISEASES OF THE SKIN.

BY P. T. KILGOUR, M. D., COLLEGE HILL.

The skin as an organ has varied functions to perform. It protects the organs and tissues beneath it; it secretes; it excretes; it possesses the sense of touch; and being on the outside of the body and the most visible and exposed of all the organs, it tells a wonderful tale of exposure and often of martyrdom to vain possessors in their efforts to dress it up and make it look beautiful, whether or no.

As one of the channels of excretion, it bears its share of the work of "letting out" the systemic "badness" within; and when the two other members of the trio—the lungs and the kidneys—fail, or are inefficient, it bears an unequal burden of excretion. No wonder then that it, from its position of exposure to wind and weather, heat and cold, friction and cosmetics, dirt and bad soaps, superabundant or faulty elimination, revolts and shows its displeasure in eruptions of erythema, acne, urticaria, eczema and scrofula.

But equally important as a causative factor in the most prominent diseases of the skin is the habit of overeating in some, of insufficient food in others and of improper food in still others.

The cutaneous diseases usually laid at the door of improper diet are erythema, acne, urticaria, eczema and rosacea. Who of us has not seen again and again cases of erythema and urticaria traceable to eating strawberries or shell fish, such as oysters, clams, lobsters, shrimps and crabs. In others the ingestion of pork in various forms will cause a decided urticarial eruption. I

have a patient who, if he indulges in fresh pork sausages, in a few hours suffers from a beautiful case of "hives" from head to foot.

According to Thompson, the modes of production of cutaneous eruptions by dietetic errors are probably, in the majority of instances, due to malfermentative products, ptomaines, etc., which are absorbed through the digestive tract. In other cases, they may be due to an effort to eliminate incompletely oxidized food products or poisons from the cutaneous glands; and it has been suggested that they may be sometimes caused by reflex nerve irritation from the alimentary canal. It is interesting to observe the fact that an intimate relation often exists between irritation and inflammation of the skin and of the mucous membranes. In acne, the papules and pustules are usually caused by inspissation of the oil of the sebaceous glands which plugs their orifices and irritates the glands and the hair follicles, causing inflammation in them. It is easy to see how altered blood, due to imperfect assimilation of improper food will exert an injurious effect on the sebum, and thus set up an irritation in the sebaceous glands. In addition to the constitutional and local treatment of acne, the dietetic treatment is paramount. On this point Jackson says: "The well-to-do are prone to eat too much and it is remarkable how rapidly acne will improve by reducing their diet to the simplest elements."

In some people, acne papules appear as a result of eating buckwheat cakes or oatmeal; in others they are caused by greasy food, as doughnuts, sausages, fried meats, cheese, ill-cooked and rich pastry, excess of sweets, nuts and other indigestible articles. In many cases, milk diet for a few days will accomplish marked benefit. "It is a good rule to cut off from the dietary all pastry, cake, candy, sweets, hot breads and pancakes, greasy soups, articles fried in fat, rich gravies," and come down to simples for a time. A cupful of hot water before meals is beneficial, with very little fluid with meals; but an abundance of water, aerated if preferred, should be drunk for its diuretic effects. In other words, help the skin by insisting that the kidneys do their full share of the work of elimination.

Eczema, which is said by some writers to constitute as high as forty per cent of all skin diseases, is due to a great number of causes, but in many instances its origin is traceable directly to errors of diet. Improper food and especially over-abundant food throw an additional burden upon the skin in the elimination of waste products which accumulate in the blood faster than they can be got rid of. Both the kidneys and the glands of the skin are constantly stimulated and overworked, and the character of their secretion is altered. This long-time irritation of the skin eventually results in an eruption. This may occur in persons of rugged health with equally rugged appetites who are surprised by the sudden appearance of eczema, which they suppose is due entirely to "bad blood." A reduction of the quantity of food, and in bad cases the prescription of a milk, or bread and milk, diet for a week or two will "remove the cause" and give satisfactory results by greatly aiding the indicated remedy.

Another skin affection that is oftenest caused by errors in diet is Acne Rosacea with its red patches of dilated capillaries disfiguring the nose, mouth, cheeks and sometimes the forehead. It is usually caused by alcoholic drinks and sometimes by the excessive use of strong tea. There is generally a tendency to gastric disorders which are traceable to the same cause as the dilated facial capillaries and require much the same dietetic treatment by the withdrawal of all alcoholics, rich food, pickles, strong condiments, fried substances, sauces and desserts.

ANIDROSIS.

C. L. MOORE, M. D., CLEVELAND.

The perspiratory function is largely under the control of the nervous system. Whether there is one sweat center or many, peripheral sweat ganglia or none, nerve supply from the spinal cord or from the sympathetic, remains undetermined. The quality and quantity of sweat may vary considerably within the limits of health from differences in habits of living, exercise, etc.

When there is a persistent departure from these limits of quality and quantity, functional disturbance exists; when an anatomical change in the glands or ducts is found, organic disease exists.

Anidrosis is a disorder of the perspiratory apparatus in which the sweat is absent or notably diminished in quantity.

This condition is nearly always secondary in character and may be local or universal in extent. It is common in areas affected by such diseases as ichthyosis, psoriasis, scleroderma, some forms of eczema, neuralgia and forms of paralysis.

Polyuria of diabetes and albuminuria naturally diminish the perspiration. Injuries to nerve trunks may cause anidrosis and it is present in many tropho-neuroses until electrical irritability is restored. Finally, there are individuals who, from some idiosyncrasy, perspire little or none at all under conditions of temperature, etc., which produce profuse perspiration in most people.

To illustrate this last class, I wish to report two cases of congenital anidrosis.

Case 1: A boy; came under my observation at one year of age. Family history, negative. Personal history, never had been well. A peculiar skin condition was noticed at birth. No perspiration was detected. An eruption on the scalp developed during the first week of life accompanied by enlarged lymphatics and emaciation. Examination showed; eczema of scalp and face, nutrition very poor, no hair or teeth. The skin, where not covered by moist eruption, was thin, dry and shiny. Calc. carb. was prescribed and diet changed from artificial food to cow's milk.

Improvement was prompt and marked. A constipation and cough, which appeared as the eruption disappeared, yielded to bryonia.

This patient developed measles normally except for high temperature (106). German measles and mumps gave no unusual symptoms. He has never suffered from the disturbances incident to the eruption of the teeth, for no teeth have yet appeared. He is now seven years old, of normal development in every way, except the anidrosis and absence of teeth.

A microscopic examination made by Dr. C. W. Tampan, Cleveland City Hospital, shows no sweat glands, ducts or hair follicles.

Case 2: Brother to case 1, age two years. Presents the same history as case 1 except that he received calc. carb. for the first appearance of a skin eruption.

He developed normally in every way except the skin, which never sweats, and the teeth, which have never appeared.

Treatment.—These patients suffer most from heat and receive the most relief from the application of water to the skin in imitation of nature's method of reducing temperature. The hot bath, followed by cool sponge bath, had a good effect in relieving nervousness. Calc. carb. seems to be the most useful remedy in these cases for the general condition.

From my observation of these two rather rare cases my conclusion is that even absolute anidrosis is not inconsistent with a fair degree of health and development.

DISCUSSION.

Dr. Kilgour: The paper of Dr. Moore is before you for discussion. I would like to ask Dr. Moore if any examination of the urine had been made in these cases of that peculiar anatomical condition in the sweat glands?

Dr. Moore: The urine has been examined and no abnormal conditions disclosed. The quantity of urine has been increased somewhat.

BUREAU OF GYNECOLOGY

- N. T. B. Nobles, M. D., ChairmanCleveland
 "Visits to German Gynecological Clinics."
J. C. Wood, M. D.Cleveland
 "Clinical Cases."
J. Richey Horner, M. D.Cleveland
 "Epilepsy and Abdominal Laparotomy."
C. E. Walton, M. D.Cincinnati
 "Uterine House Cleaning."
-

VISITS TO GERMAN GYNECOLOGICAL CLINICS.

NEWMAN T. B. NOBLES, M. D., CLEVELAND, OHIO.

While the title of this paper and my position as chairman of this bureau would seem to call for a discussion of matters particularly of interest to the gynecological surgeon, it is the writer's thought to give to the letter, for it can be called no more than a letter, more of the character of a talk of the many things interesting alike to surgeon and physician and to give as many hints as possible which will be of service to those who contemplate visiting here.

Our friends advised us to cross the Atlantic in winter on the largest boat we could find, the reason of course being the long heavy waves that inhabit the ocean at this time, sometimes causing more or less distress. I selected the Hamburg-American Company's new steamer, the President Grant. It is one of the best boats afloat for winter travel. On this particular trip the ocean was as calm as the proverbial mill pond, and the North Sea likewise. I mention certain details that he who may wish to transplant his family as I did, may not be deterred from doing so because of possible inconveniences. My children aged two and six years stood the trip to Hamburg beautifully. The Walker-Gordon Laboratory in New York prepares milk and packs it in ice so that one may have fresh milk for children for 11 to 14 days. Our

milk was apparently as sweet when we arrived in Hamburg as when we started. In Germany the government regulates to a certain degree the milk supply, and in all of the cities one can procure a special milk for children that contains over 4 per cent of cream, and not too great a number of bacteria. The drinking water of the cities is safe.

It is as easy to travel in Germany as it is in America. One is apt to be impressed by the number of military folks, and their large numbers tend to assure the traveler that he is in a civilized land. One can travel about with comfort without any knowledge of the German language. The English language is very commonly spoken in the shops, the hotels and restaurants. The employes nearly always speak some English. I would advise any person who intends to come over here to study German before he comes, but he need not remain away because he lacks a knowledge of German. In nearly all of the clinics of Berlin the chief of the clinic or some of the assistants speak English. So if one is apt he can pick up a good deal of valuable information.

We arrived in Hamburg after ten days spent practically out of doors. We left New York the 16th of November and did not require overcoats all the way over. So winter travel on the ocean is sometimes pleasant. Hamburg is as a rule, apt to be considered by us as having only commercial importance. Yet, it is the seat of one of the greatest hospitals in the world, and one that is worth a special visit to Germany. The hospital is called the Eppendorf Krankenhaus and there are nearly 2,000 patients. I visited the surgical wards only and saw much of interest. Dr. Kümmell is the leading surgeon at this hospital and he is favorably known throughout medical Europe. He is very gracious to visitors. There is no medical school at Hamburg and of course no students to fill the operating room and so obstruct the visitor's view of the operative field. Of course this advantage is of much importance. A visitor at this hospital, if he looks and acts all right, is treated as a welcome guest. He is at liberty to remain as long as he wishes and there are no fees. I rather believe that the staff take it as a compliment to themselves if visiting surgeons prefer to remain with them instead of going elsewhere.

I saw a large number of operations performed and at close range. Perhaps the most interesting was a partial resection of a male urinary bladder with transplantation of the ureters for carcinoma of the bladder. It was a brilliant surgical feat. The surgical service is not divided into special branches. The surgeon does all of the operations, there being no gynecologists or genito-urinary surgeons. I am told that a medical man can obtain a valuable experience in this hospital also. Hamburg is an attractive city to visit and there is much to interest one. It is not a good winter city because of the close proximity of the North Sea. In the winter the climate is fickle. There is much rain and wind. But any medical man who is near Hamburg can well improve his time by visiting this famous hospital.

Our first glimpses of the capital of Germany were most satisfactory. Its greatness is very impressive. Some one has called Berlin a city of hotels and boarding houses. It has large and modern hotels for the sick. These are called *Krankenhäuser*. The Virchow hospital, named in honor of the famous scientist, is the best and largest hospital in the world. It is worthy of special description. I was told before leaving home that letters of introduction to German surgeons would be superfluous and would do me no good. I found, however, that without the right kind of letters an ordinary visitor will not get behind the scenes, so to speak. Berlin is visited annually by scores of physicians, for the most part young men. The professors whom the visitors wish to see at work have been bored very much indeed by these young medical men. Time is valuable to them and they have put up barriers in self-defense to such an extent that it is very hard to get within talking distance of them. It is comparatively easy to work with the assistants, who as a rule are very bright and capable men. More often than not, the first assistant is better prepared to give instruction than his chief. I had a satisfactory experience in Berlin hospitals because I had fortunately procured the right kind of letters to the various surgeons of note.

A medical man who goes to Berlin a stranger had best go directly to the headquarters of the Anglo-American Medical Club which is located at 105 Friedrich Strasse. This club is a sort of

clearing house for medical men. Courses can be arranged for there and all information regarding medical study in Berlin can be secured without loss of time. Once a week a German physician of high standing lectures before the members of the club. Courses on nearly every subject pertaining to medicine can be taken in Berlin, and I found upon inquiry, that the experiences of many visitors were quite satisfactory. I was chiefly interested in surgery and gynecology and spent my time with the men who are famous throughout the medical world in their respective lines of work.

Professor Bier is the latest acquisition to surgical Berlin. He has been at the University for only a short time, coming to the capital from the University of Bonn. The latter university enjoys the patronage of the German Kaiser, who at one time, was a student there. Professor Bier is young and brilliant. He is at the head of the First University Surgical Clinic and operates daily in the morning between 8 and 10 o'clock. He has considerable material and offers to the visitor much that is of interest. Professor Bier became noted because of original research work pertaining to the treatment of tubercular processes and many other pathological conditions, by a condition of hyperemia produced artificially. Our journals have printed his theories so thoroughly that it is needless for me to repeat them. In his clinic his theories are well illustrated and successfully so. I talked with various surgeons regarding Professor Bier's work but they seemed to be not over enthusiastic and shrugged their shoulders in deprecation. I found out, however, that these same men had the ambition to be selected to fill the vacancy caused by the death of the world famous surgeon Professor von Bergman, and when Dr. Bier was chosen these fellows had the gripes and have not recovered. Dr. Bier is a man just passed his fortieth year and is helping to make surgical history in a brilliant manner.

Another Berliner who is doing great work in another field, is Professor Bumm. He is, so I am told, undoubtedly the representative German gynecologist. Professor Bumm is one of the younger generation of surgeons and works with all the dash and spirit of an American surgeon. Professor Olhausen still holds

forth at the Frauen Klinik. For years he has been a respected teacher and a conscientious operator. Every visiting surgeon will do well to visit his clinic. Those who are especially interested in gynecological pathology will find the courses given by Professor Pick who is associated with the Professors Landau at their private hospital, to be of great value. Those who have been fortunate enough to see Professor Pick's work are very enthusiastic in regard to it. At the Landau private hospital good courses in operative gynecology can be secured.

The surgeon's surgeon of Berlin, is Professor Koerte. He is quite famous surgically and his work and opinion are highly thought of by his fellow surgeons. It is quite evident that he is not hampered by the machinations of jealous co-laborers. Professor Koerte is the chief surgeon at the Urban hospital and is gracious to visitors.

Professor Fedor Krause has one of the best general surgery clinics in Berlin. Many surgeons think he should have been chosen to fill the vacancy in the First University clinic as he is undoubtedly the late von Bergman's logical successor. But Professor Bier had friends at court. Professor Krause is justly famous for his surgical operations upon the brain and spinal cord, and for plastic surgery. He was formerly surgeon in chief to the famous Eppendorf Krankenhaus at Hamburg and now is at the head of the Augustina hospital. Many of his patients come from Spain. I was told that the Spaniards, having had many unsatisfactory experiences with French surgeons and having none in their own country whom they will trust, now journey to Berlin for their major operations. Professor Koerte seems to get a large number of American patients from Carlsbad, the celebrated health resort of Austria. These patients usually have affections of the biliary passages or of the appendix.

Professor Sonnenberg is the leading German appendectomist, if I may coin the term. He operates for appendicitis *a la* American style. The visitor to his wards is not shown long rows of patients who have, or have had, peritonitis due to "typhlitis." Professor Sonnenberg calls appendicitis by its correct name, and if he does have many cases of peritonitis they are not nearly all

due to the so-called typhlitis of the other surgeons. I believe that if I ever have appendicitis I prefer to have it while living in America and not while living in Europe. Professor Sonnenberg is at the head of one of the surgical divisions of the Moabit hospital, a very large and famous institution.

Professor Israel is one of the best and most favorably known surgeons in Germany. He conducts a private hospital. He is known for his work in connection with the diagnosis and treatment of surgical and medical affections of the urinary tract. His fellow surgeons praise his ability. Professor Hildebrand, the head of the Second University clinic at Charité hospital and Professor Neumann at the Friedrichsheim hospital complete a list of the more prominent Berlin surgeons. There are many others who have good clinics and who are doing most excellent work. It is, however, impossible to see all of the good things unless one makes a very long stay. If a visitor can see the work of the Berlin surgeons I have mentioned, he can depart with a clear conscience that he has done surgical Berlin thoroughly.

It may be of interest to some to know about the cost of living in Germany, especially in Berlin. I found it to be about the same as in Cleveland. There are all kinds of hotels and so-called pensions, which are the same as our boarding houses. There is nothing cheap about living in Germany in so far as I can ascertain. I had been told that one could live in Germany for one-third of the expense required in America. I wish it were so, but if it is so I cannot see just where it is. The German is a careful and exceedingly thrifty citizen who knows the value of every spear of grass. He knows things about saving that are characteristic of the Germans and that are imperative for him to observe. But the American who is not unduly saving (because in our land of broad acres we are not compelled to be so to the extent that these small European countries are) will find he cannot live as cheaply as the German because of ignorance of the customs. So, unless the visitor desires to go back to hall bedrooms or live in a garret and have a meager diet, he had best come prepared to live as he does at home and no cheaper. I take pleasure in recommending the Belmont Pension at No. 10 Victoria and Louise Platz, as a first-

class home for visitors. Miss Warfolk, who is in charge, is a native Ohioan. The typical German pension is not apt to have all the modern conveniences, though they have the advantage of offering greater opportunities to hear and learn the German language.

The largest of the three finest hospitals in Berlin is the Virchow Hospital. It was ten years in building. The hospital comprises 53 separate buildings laid out on broad avenues adorned with fountains, shrubbery and trees. The hospital has 2,200 beds in all. The buildings are designed to make a pleasing impression in form and color on the inmates, for whom a cheerful environment is an important consideration. The cost of this complete institution was \$2,250 per bed. In America the price would be \$3,000 per bed. The wards are built on the desirable unit plan which permits indefinite extension. Each pavilion consists of two-story service groups of rooms containing the ward, lavatories, diet kitchen, linen closets, disinfection apparatus, bath rooms and rooms for a number of the house staff and nurses. Each pavilion has a separate clinical laboratory. Each ward unit has a storage of such appliances as water, beds, portable bath tubs, splints. The bath house is a model of completeness. It contains Roman, Turkish, hot air and electric light baths, baking appliances, carbonic acid baths, showers and douches of all kinds, with proper adjustments for regulating water pressure and temperature, besides a large plunge bath and massage rooms.

There are also inhalation rooms for treatment of respiratory diseases, and an extensive electric department for the X-rays, Finsen light, etc. There is a large tank in the kitchen where fish are kept alive to have them fresh for the patients. In the laundry is a separate washing drum for almost every kind of article, the towels being washed together in one, the night gowns in another, etc., and to each was attached a clock and automatic bell which rang to call attention when the clothing had been washed long enough. The hospital has a large therapeutic gymnasium, and in a school room off the children's wards classes are held three times a week. This hospital cures its own hams and there

were over a ton on hand in cold storage. The maintenance cost is only 80 cents per capita per diem.

From Berlin I went to Leipsic. This old university city is the home of Professor Trendelenburg to whom some of us listened at the Cleveland meeting of the American Surgical Association two years ago. Professor Tillmann, the author of a successful work on operative surgery, whom I heard lecture at the medical congress held in Washington four years ago, also lives in Leipsic. Professor Zweifel is the leading gynecologist of the city. Professor Trendelenburg is today probably the foremost German surgeon. I visited his clinic in company with Dr. Lange, a one-time famous surgeon of New York City, who has retired and now lives on a palatial estate in Prussia, so I got behind the scenes.

Dr. Trendelenburg, to whom we are all indebted for many surgical inventions, speaks English well and is extremely courteous to American visitors. He is willing to show his patients and his operations and tell of his experimental work which he is carrying on constantly. He holds a clinic every morning at 9 o'clock. This extends into the early afternoon. He has a great amount of material and the visitor can see a number of major operations at every clinic. His methods are more like those of American surgeons than of any German operator I have seen. He possesses a strong and kindly personality and is the kind of a man who thoroughly deserves to occupy the high position that he does. I had the pleasure of witnessing his methods of teaching which are certainly ingenious.

The clinics are held at St. Jacob's Krankenhaus. The beds are on wheels and the patients are taken into the amphitheatre where a section of the students are called down to examine the patient. The professor gives an exhaustive clinical lecture on the case. This is supplemented by a number of pathological specimens brought in from the laboratory that have been taken from cases similar to the case under consideration. Photographs of similar cases are also shown in large numbers. A large collection of X-ray plates is used in the course of instruction and thrown upon a screen, the amphitheatre being suddenly darkened by automatic sliding shutters at the ceiling and windows. Specimens and

photographs, as well as Roentgen ray plates, can be thrown upon the screen and appear remarkably clear, lifelike and distinct. The students in the pit are then quizzed by the professor, and after the operation has been performed, the case from a teaching standpoint has been thoroughly covered. Every teacher of surgery will learn much from a visit to this clinic. The university is the second largest in Germany and is about 600 years old. Professor Trendelenburg told me he had looked forward to the time when some American surgeon would invent a sewing machine for sewing up operative wounds. During his talk to his students he gives credit to American and other medical authorities when credit is due.

Professor Zweifel's gynecological clinic is in the same hospital. I did not meet him, but he is said to have a splendid clinic. He is courteous to visitors and has much material. American gynecologists recommend a visit to his clinic.

Professor Tillmann's Hospital is known as the Kinder Hospital. He speaks English very well, and having traveled in America is naturally fond of American medical visitors. He has a modest clinic and one can see much of interest here. All things considered, Leipsic is perhaps as good a place to see advanced surgery as any city in Germany. In so far as I know, there are no regular special courses given here as there are in Berlin and Vienna.

The university of Halle is a good place to break the long ride from Berlin to Vienna. The town is an interesting one to visit. The visitor to the surgical clinic will find Professor Von Bramen who occupies the chair of clinical surgery. A cordial welcome is assured visiting surgeons who will find in the professor a most attractive, kindly man who lectures eloquently and instructively. He has a well organized clinic with a variety of material that covers a wide range of surgery. One can stay here very profitably for a few weeks. No fees.

Dresden. This is perhaps the most interesting city in the German Empire. All that the other cities offer in the way of entertainment for visitors is found in Dresden. This old Saxon capital has 20,000 people who speak English. There is an American colony with about 4,000 persons. Advantages for the study

of music, art, languages, and surgery are to be found here. There is no teaching institution here. The hospitals are numerous and the city hospitals are large. The Krankenhaus on Friedrich Strasse is one of the older institutions and one can see much that is of interest. Dr. Liedner is the chief surgeon. He speaks English very well and is extremely cordial to American surgeons. He is noted for his skill in the surgery of the stomach and intestines. He does many gastro-enterostomies, and all by the suture method. He is a rapid worker and his technique which includes many interrupted sutures, brings good results. His experience in resection of the stomach for cancer has been large but not satisfactory, the patients coming too late for good surgery. Dr. Liedner has written, in collaboration with Professor Guttman of Berlin, a book on the surgery of the stomach that is being translated into English by Dr. Edebohls of New York City.

The location of the hospital brings to it many accident cases. We saw cases of fracture of the vertebra operated upon with wonderful results. Dr. Liedner alone has had a large experience in operating for brain tumors and also breast tumors. His methods of operating are simple and direct, and the visitor is allowed to stand at his elbow and see all of the details at close range. In times gone by, many of the accident cases brought to this hospital developed tetanus. Now every accident case brought to the hospital receives upon admittance, an immunizing dose of anti-tetanic serum. Since the introduction of this treatment, cases of tetanus have been rare. It was interesting to note at this hospital the means for closing skin incisions. Small clamps are used very close together to approximate the skin edges. These clamps do away with puncturing the skin and of course tend to prevent wound infection by the skin coccus. The clamps are easily removed after a few days. Dr. Liedner lived in Berlin before coming to Dresden. He was the favorite consulting surgeon of the Berlin homeopathic physicians. He told me that the Berlin homeopathists enjoyed large and lucrative practices among the best classes of people. Dr. Liedner is a kindly man, tolerant, of others' teaching, and an excellent surgeon. He takes and reads American medical journals and admires the technique of Ameri-

can surgeons. The surgical clinics at this hospital are held at 10 o'clock in the morning.

The other Dresden city hospital is on Johann Strasse. Every morning Dr. Credé holds a surgical clinic at 10 o'clock. This hospital is a comparatively new one and has everything that money will buy for the benefit of the patients. It is an institution worth going a long distance to inspect. The buildings are widely separated but are connected by subways that are well heated and ventilated. The rooms and wards are furnished with sterilized air that can be cooled or warmed as circumstances call for. This hospital will cost about \$3,000,000. It would cost much more in America. Dr. Credé is the son of the very famous obstetrician and gynecologist who, before his death was professor at the University of Leipsic. The son has evidently inherited his father's fondness for the silver salts. His personal discovery he calls collargol, and he told me he worked with it for twelve years before he was satisfied. This agent he relies upon a great deal for its antiseptic properties. Almost too much reliance is placed upon its qualities, it would seem to many. He is very enthusiastic, however, and it is said the Russian army surgeons and Italian surgeons are now adopting his collargol.

At this clinic there are from six to eight major operations daily. There are many operations for appendicitis and on the stomach. Dr. Credé has perfected his technique for performing a gastro-enterostomy with the aid of a Paquelin cautery. I saw him do his first eight operations. He first sutures the peritoneal surfaces of the stomach and jejunum. Then with the cautery the peritoneal and muscular coats of the viscera are burned down to the mucus membrane but not through this membrane. The cauterized areas are then sutured so as to be in apposition. This completes the technique and the abdomen is closed. In from four to six days the unburned mucus membranes digest themselves, the new opening is completed, new adhesions that are formed protect the operative field, and there has been no danger from soiling the peritoneal cavity by opening the stomach and bowel as is sometimes done in the operation now generally practiced. Dr. Credé has not written about his operation yet, but will do so at once,

and report his success at the coming session of the Berlin Surgical Congress. Dr. Credé is cordiality itself to visitors. He is very glad to be accompanied on his rounds. He willingly explains and answers questions. One can follow up the after treatment of the cases here, as an invitation is extended to visit the wards at any time. Dr. Credé speaks English, French and a few other languages.

In an entirely separate institution but one that adjoins this hospital is the Royal Frauen Klinik. This is a new hospital with all modern conveniences. Professor Leopold is in charge here. He gives what are probably the best courses in obstetrics in Europe. He also gives operative courses in gynecology. I attended the latter but not the obstetrical work. One finds here physicians from all parts of the world. There are many Cæsarean sections done here. Rachitis is very common in Germany and there are many cases of deformed and contracted pelvis. Hence the need of the Cæsarean sections. His gynecological clinics are interesting as he has an abundance of material. Dr. Leopold speaks English, but most of his lectures are given in German. His courses last six weeks and the fee is seven dollars for the course. Queen Wilhelmina, of Holland, recently came to the hospital for treatment. It enjoys royal patronage and is well worth a visit.

One of the most interesting places to visit in Dresden is the private orthopedic institution of Dr. Shantz. Here one finds a man of large parts. He is ingenious, bright, a kindly gentleman, and an excellent surgeon. Dr. Shantz is undoubtedly the leading orthopedic surgeon of Germany today. He was Professor Hoffa's associate for years. Hoffa died a few months ago. Dr. Shantz is best known perhaps by his book on orthopedic surgery and for his technique in non-operative treatment of congenital dislocations of the hip joints. His method is more simple than that of Lorenz, and he never fractures the femur in making the reposition as Lorenz sometimes does. Shantz gives his patient a few whiffs of an anaesthetic, and then, with the aid of an assistant, he makes forcible extension with the thigh flexed. Forcible abduction follows and the head of the femur is where it belongs in less time

than it takes to tell it. A plaster cast is applied and worn for six weeks. Then a brace is used for six to eight weeks and the child walks or creeps when it has the notion to do so. He uses his method on patients from three months to twenty years of age. His work on the transposition of tendons is interesting and valuable. Dr. Shantz has an institution worth while. He has a corps of assistants which includes nurses who give exercises for children with crooked backs, house doctors who apply splints and casts, and a half dozen machinists who are kept busy making braces. Dr. Shantz will come to America next year to read a paper before the American Orthopedic Association. He speaks English well. No fees.

Vienna, the capital of Austria, enjoys the distinction of being the most beautiful city of the world. For years past the Mecca of post graduates in medicine and surgery, the city still affords most excellent facilities for advanced studies. At the present time, perhaps, there are more physicians taking the courses devoted to the eye, ear, nose and throat than any other. The courses in pathology are also largely attended. The course in surgical diagnosis given by Dr. Hans Lorenz is very popular and is one of the best courses given, the almost unlimited material at his command permitting the pathological condition under consideration to be thoroughly demonstrated.

There is an association for the American physicians at Vienna, which is most helpful to its members in aiding them to secure what they require in the best and most economical manner. All physicians are urged to join the American Medical Association of Vienna. The association holds bi-weekly meetings, and its members are eager to guide and give aid to recent arrivals. The registry is kept at the "Café Klinik" across the way from the hospital. The round table in the center of the room is reserved for American physicians and one can gather the information he requires without loss of valuable time. Certainly there is no one hospital where so many branches of the profession are taught as at Vienna. In addition to the old and celebrated Krankenhaus there are many other hospitals where excellent advanced instruction may be secured. The Polyclinic

is perhaps the most noted of the special teaching institutions. Many of the courses are given in English or something very near English, but the visitor who can understand German has a great advantage.

The chief surgical clinics are those of Professors Von Eiselberg, Hochenegg and Dr. Silbermark. These clinics are all in the old Krankenhaus. Dr. Eiselberg, the chief surgeon, operates early, usually about 8 o'clock; or even earlier in the summer, Dr. Hochenegg at about 10 a. m., and Dr. Silbermark at the same hour. Visitors are welcome at these three clinics and no fees are charged. I was unable to secure a list of the morning's work and could hardly alternate between the three to witness the procedures in which I was most interested. The following list of operations is a fair sample of what can be seen at one of these clinics, in one afternoon: 1, gastro-enterostomy; 2, renal calculi; 3, goitre; 4, amputation of the rectum for cancer, (Krakes' method); 5, removal of a bullet from the brain by extensive exploratory procedures. Dr. Silbermark in his clinic does many resections of joints, amputations, herniotomies and rectal operations. In his clinic one can see the so-called Moorhoff Plug used, as this clinic, until the last year, was presided over by Prof. Mostig-Moorhoff, the inventor of this useful device for filling tubercular cavities. This clinic is largely attended, as Dr. Silbermark is extremely courteous to American visitors and has an American assistant.

Prof. Hochenegg has had a large experience in operations for cancer of the rectum, and much of interest can be seen in his clinic. In these clinics asepsis is undertaken and sometimes fairly well executed. Silk is almost the universal suture and ligature material. Continuous sutures are rarely used. Long incisions are practiced, and though the operators are, as a rule, clever diagnosticians, they apparently do not explore carefully when the abdominal cavity is opened. The wounds are not washed after the operation, it being felt that the blood is a safe sealing agent, and by introducing water contamination may be invited from the surrounding parts. Rubber gloves are worn in septic cases and cotton gloves in the clean cases. Local cocaine

infiltration is practiced rather more frequently than with us. The people seem to be able to stand more pain than our patients will submit to. General anesthesia is usually by chloroform. Its careless administration is almost a national disgrace. We saw two patients die on the table and many patients nearly died simply from neglect and carelessness on the part of the anesthetist.

It is unfortunate for the surgeon that the operative work comes at the same hour that the autopsies are being performed in the anatomical building. From six to ten autopsies are performed each morning, it being the law in Austria that all people who die in the hospital come to autopsy, regardless of the station of the patient. The autopsies are well conducted by experts and all physicians are invited to attend. On a desk are the "death cards" which are numbered. A like number is attached to the great toe of the corresponding cadaver. The death card tells the ward, the name of the patient, time when post mortem will be held, the clinical diagnosis and the name of the clinician. The minutest pathological changes are noted, and specimens are kept for the gross pathology courses of the afternoon, and for further elucidation in the special laboratories. A course in gross pathology that is very popular is given by Professor Ghon four afternoons of each week. The professor has devoted his life to this work and the course is always well filled and usually there is a waiting list. He does not speak English but his demonstration of specimens can almost be comprehended by one who does not understand the language, which is Viennese German.

Professor Adolf Lorenz, the famous surgeon, has one of the largest and most interesting clinics in Europe. His limited hospital facilities compelled him years ago, to devise methods of treatment which would allow patients to be taken away from the hospital. As a result we have his famous bloodless methods for the cure of clubfoot and congenital dislocation of the hip. I spent two months in this clinic, attending daily, and saw his methods illustrated, and cured patients in great numbers. In this clinic the average daily attendance is perhaps fifty patients; the number of tubercular bones is appalling; the method of

treatment is extremely conservative. In tubercular joints Prof. Lorenz aims to secure local fixation by the use of plaster of paris bandages. Tubercular hips and knee joints are immobilized, and the patient is then allowed to walk about, no weight being taken from the afflicted side by crutches or raised shoes, etc. Prof. Lorenz told me he wished to obtain what he called "physiological irritation," and so allows the patient to walk on the affected limb after it is immobilized. If the tubercular process breaks down and a so-called pus develops, this is drained, but only when absolutely necessary. The joint is dressed in plaster in the position the limb is found, and any deformity is treated by a subsequent osteotomy. The methods of treatment in this clinic differ radically from other recognized methods of treatment, but the success obtained is evidence of Professor Lorenz' many years of study and observation.

The many cases of congenital dislocation of the hip seen in this clinic attract surgeons from all parts of the world. One has only to see these unfortunates treated by the Lorenz method, to be converted to this treatment. During my stay I saw many patients with this deformity, in the various stages of the treatment, and had much opportunity to witness the success of the different procedures. When we consider the failures of the open method for this condition one cannot help but be much impressed by Professor Lorenz' great work. Dr. Wendorf, the assistant, gives operative courses in orthopedic surgery, and all who take the course are given several cases for reduction of the dislocation. The Lorenz method for treating club foot is also very successful. The technique includes rupturing the plantar fascia by manipulations with the hands or osteoclast, the os calcis is forced into place, the foot is forcibly flexed, and lastly, the tendo-Achillis is divided by a subcutaneous tenotomy. Patients 34 years old are successfully treated by this method.

As to the age when congenital dislocations can be reduced I saw two patients, one 23 and the other 32 years of age, whose deformities were successfully reduced. Professor Lorenz is very gracious to Americans. He speaks English well. He is a kindly, gracious gentleman, who commands the respect of all with

whom he comes in contact. I wish to urge visitors to Vienna to call on him and visit his wonderful clinic.

At the Allgemeines Krankenhaus can also be found the gynecological clinic of Professors Schauter and Rosthorn. The latter is a new-comer, having been until recently professor at Heidelberg. One can get a good idea of the immense amount of material in these clinics, for over one hundred and fifty thousand cases are treated annually in this department which also includes the obstetrical cases. Courses of different kinds are given by competent assistants.

Professor Wertheim's clinic at the Elizabeth Hospital is well worth a visit. Many gynecological operations are performed here. Professor Sukerkandle is found at the modern Rothschild Hospital, which is but a short distance from the General Hospital. Courses in obstetrics can be obtained, but can be better obtained in Dresden. Courses in pediatrics, neurology and other branches of internal medicine are given continuously and are highly spoken of by those who have taken them.

One of the most interesting surgical clinics in Vienna is that of Professor Gersuny, the "beauty doctor." Professor Gersuny is the chief surgeon at the hospital made famous by the late Professor Billroth. This alone speaks for his ability, but he is perhaps better known because of his paraffine injections and treatment of cosmetic deformities. His clinic is open to all and he makes no charges. Grateful patients are invited to give contributions to the poor of the city. This clinic every Friday morning at 11 o'clock is well attended by visiting physicians, who see noses reshaped, large ears whittled down, smallpox scars obliterated, hollow cheeks filled out, etc. Dr. Gersuny is a careful operator and does not have the experience of some operators, who have had unpleasant results following the injection of paraffine subcutaneously. He has developed a subcutaneous resection of those noses which have a too well developed hump. One of the most important points in the technique of the paraffine treatment is to be careful and not inject the fluid into a vein. The bad results reported following the injection of paraffine are, according to Dr. Gersuny, due to the needle being

introduced into a vein, the injection of the paraffine being followed by an embolism.

Visitors to Vienna who intend to take any of the courses of instruction had best write on ahead to the medical association, and place their names on the lists ahead of their arrival. It is not always possible to secure the courses one wishes during the summer months. For this reason it is better for those wishing to attend lengthy courses to go at another time, either in the spring or late fall, or during the winter, but for the physician or surgeon on his vacation, enough and more than enough can be seen daily to repay him for every moment spent here.

The American must be prepared to find prominent European physicians away on their vacations. It is a good plan again, to write before leaving America and learn their plans. This may save the traveler much time and expense. Of course the clinics go on during the absence of the chief but the work is all done by the assistants.

CLINICAL CASES WITH COMMENTS.

JAMES C. WOOD, A. M., M. D., CLEVELAND.

Case 1.—Complete procidentia of the uterus with a fibroid the size of a fetal head occupying the fundus. A new method of dealing with the stump. Operation. Recovery.

Patient aet. 52, referred by Dr. Duncan, of Onaway, Michigan. Three children. The uterus has been completely down into the world, together with the bladder, for 13 years. I did not get to examine this patient until she was placed, anaesthetized, on the operating table, when I found to my surprise that the uterine cavity was nine inches in depth and that there was a symmetrical tumor which involved the entire fundus and which was as large as a fetal head. This occupied the true pelvis and exerted continuous pressure upon the bladder and the rectum, interfering greatly with the function of both of these organs and causing much pressure. There was inability to empty the bladder completely, with cystitis. There was also a constant bearing down sensation with aching in the limbs. The cervix was badly lacerated and the anterior lip was at least one inch longer than the posterior.

On June 11, 1908, I did a trachelorrhaphy, amputating the anterior lip. I then cut away a large section of the anterior vaginal wall, which dissection involved the mucous membrane of the vagina, which was greatly hypertrophied, and its underlying muscular structures and fascia. This ellipse was then closed, after dissecting the bladder from the vaginal wall, by the method devised by me some years ago, and which consists of an approximation of the raw areas in such a way as to create a ridge of tissue nearly half an inch in depth, extending from the urethral orifice to the cervix. This elevated the bladder into its normal position. The pelvic floor was then solidly built up by the method first described by me in a paper read before the Surgical and Gynecological Association of the American Institute of Homeopathy, June, 1904. The abdomen was then opened and the appendix found normal. The tumor together with the uterus was delivered through the abdominal incision.

A supravaginal amputation of the uterus was made by the transperineal method, both ovaries being removed with the fundus. The round ligaments were, however, left as long as possible. The uterine and ovarian arteries were secured in catgut and all raw surfaces were covered with peritoneum by means of a running catgut suture. Then a puncture wound was made on either side of the incision by means of a closed Kelly forceps, through which were drawn the stumps of the round ligaments, exactly as in the original Gilliam operation. Next a silkworm-gut suture was made to penetrate the skin, muscle and peritoneum, catching the stump of the uterus, and carried through the similar structures of the opposite side. The peritoneum and fascia were then closed with a running catgut suture, after which the stumps of the round ligaments were made to cross each other and were stitched together according to my modification of the Gilliam operation. (1) The skin wound was closed with a buttonhole catgut suture and the dressings held in place by three silkwormgut tension sutures. The patient convalesced ideally with the exception of a slight swelling below the left knee, which necessitated her keeping in bed for five weeks.

Remarks.—I never before met with anything but a very small fibroid tumor in complete procidentia of the uterus with hernia of the bladder. I never have seen described in the literature on the subject this method of dealing with the round ligaments, after the amputation of the fundus, for sustaining purposes. While it is yet too soon to determine the future of the operation, the principle from a mechanical standpoint would seem to be correct.

Case 2.—Suicidal melancholia resulting from pelvic and rectal disease. Entire relief from surgical work.

Patient aet. 40; married for 15 years, pregnant when first married, abortion produced, sterile since. Exceedingly nervous, melancholic, with loss of flesh, indigestion, constipation, hemorrhoids, cold hands and cold feet. She has lost about 60 pounds in flesh and now weighs 140 pounds. On December 21, 1907, I did a divulsion, a curettage, a Whitehead operation upon

(1) Medical Century, February, 1908.

the rectum for bad hemorrhoids, after which I opened the abdomen and removed a thickened appendix. The uterus was sharply retroflexed but not adherent. Both ovaries were hard, small and cirrhotic. These were tied off with silk and the uterus held forward by means of the internal Alexander operation. The abdomen was closed with two layers of catgut, silkwormgut tension sutures and a subcuticular silkwormgut suture. The patient took the anaesthetic very unsatisfactorily, it being almost impossible to get her under it.

She was discharged from the hospital on January 12, 1907. Her convalescence has been ideal. On March 14th, 1908, she came to me for examination. The parts were in most excellent shape and the melancholia is entirely gone. She is happy, looks bright, is gaining in flesh, the hands and feet are warm and she is practically well. She suffers from flashes of heat occasionally for which I prescribed Lachesis 12x.

Case 3.—Cesarean Section.—Patient aet. 24, primipara. Exceedingly small woman with a very narrow pelvis. Labor pains set in 12 hours before I saw her. The water escaped six hours after labor began, but the head rested upon the brim of the pelvis, the anterior-posterior diameter of which being but two and one-half inches. I saw her at seven o'clock in the evening. After consulting with her attending physician it was deemed best to do the Cesarean operation. She was therefore removed to the Huron Street Hospital and the operation was done three hours later. The abdomen was opened by the usual median incision. The abdominal wall was kept in close contact with the uterus, which was incised immediately under the abdominal incision. Unfortunately the incision into the uterus involved the placenta and the hemorrhage was very profuse. This was, however, controlled by an assistant constricting the uterus with the hand above the cervix. The hand was carried through the incision underneath the placenta and the child grasped by the feet and quickly delivered, the umbilical cord being severed between two catch forceps. The babe was turned over to an assistant very much asphyxiated, but by energetic measures it was resuscitated. The placenta was quickly delivered and the uterine

wound closed with one row of interrupted silk sutures passed through the entire uterine wall about one-fourth of an inch from the cut edge. These sutures were reinforced by Cushing's peritoneal suture, so that the first row was completely covered by peritoneum. Very little blood and no amniotic fluid escaped into the peritoneal cavity. The peritoneal cavity was wiped thoroughly and the abdominal wound closed with two layers of catgut, silk-wormgut tension sutures and a subcuticular silkwormgut suture. The patient was removed from the table in good shape. Time of entire operation 24 minutes.

On the second day the patient became very much distended, but by means of high enemata and the free use of cathartics by mouth she passed large quantities of fecal matter which contained many apple seeds, apple peelings, etc. From that time on her convalescence was uninterrupted, except for a stitch boil abscess which implicated the lower angle of the wound. The child did well, notwithstanding the fact that there was no secretion of milk. I should have added that because of the deformity of the pelvis both fallopian tubes were tied off with silk, after being folded upon themselves, to prevent future conceptions.

Case 3.—Supposed tumor in the region of the transverse colon, due to chronic appendicitis and the retention of fecal matter.

This patient, aet. 40, an intelligent, active lady physician, came to me because of a supposed tumor in the region of the transverse colon which was thought to be a pancreatic cyst or a distended gall-bladder. She was an exceedingly thin, amaciated, nervous little woman. The right kidney was palpable, there was an inguinal hernia of the left side, the uterus was sharply retroflexed, the ovaries were bound down by adhesions, the appendix was thickened, there was obstinate constipation with mucous stools and the patient was in a wretched run down state of physical health and melancholic.

On July 3, 1907, I did a herniotomy, opened the abdomen and explored the kidney, gall-bladder and transverse colon only to find that the tumor above had entirely disappeared under a brisk cathartic. The appendix was thickened and was therefore

removed. The ovaries and the tubes were diseased, the ovaries being hard and firmly adherent, and were, therefore, removed. There was a small fibroid springing from the fundus of the uterus which was removed. The uterus was then stitched in front and the abdomen closed with two layers of catgut, silkwormgut tension sutures and, because of the exceedingly relaxed condition of the abdomen, the skin was closed by means of a continuous mattress suture which left a ridge of tissue at least half an inch in depth, exactly as in the cystocele operation, described in Case 1. I then removed a mucous polypus from the cervix, dilated the rectum thoroughly and overcame adhesions of the clitoris. The entire series of operations was done in one hour and five minutes. The patient convalesced ideally and at this writing, July, 1908, one year from the time of operation, she is well and strong, is gaining in flesh, the melancholia has disappeared and she has resumed her medical practice.

Remarks.—I desire to call attention to this method of closing the skin wound with a view of preventing the formation of keloid which so frequently takes place under the edge to edge approximation of the skin. The principle in surgery is a broad one and by its application it is possible to bring together a raw area sufficiently extensive to prevent stretching of the skin and the formation of a keloid. I think that every surgeon has regretted the nasty scar which so frequently results from the edge to edge approximation. When the dressings are removed 10 or 12 days after the operation the abdominal scar under the method described is not as beautiful as it is under the edge to edge method of approximation. However, in six months or one year's time there is left but a linear cicatrix, which is ideal.

Case 4.—Hysterectomy during pregnancy for a soft, myomatous Tumor. Recovery.

Patient aet. 26, referred to me by Dr. Leaming, of Vienna, Ohio. She had a fibroid the size of a child's head springing from the cervix and occupying the entire lower zone of the uterus. One child four years old and one still-born one year previous to the operation. Since the birth of the last child she had a miscarriage. She was three months pregnant on coming to

me. Upon examination a tumor was found filling the pelvis and growing toward the cervical canal, the canal being so dilated that the finger could be passed into it and a soft myomatous tumor felt above the cervix. With the location of the tumor it did not seem possible that she could give birth to another living child. The tumor was growing very rapidly and it therefore seemed best to remove the uterus by supravaginal amputation, together with the ovaries, which were both diseased. This was done on October 2, 1906. The pedicles were secured in silk and stitched into the stump wound. The cervix was so dilated that perfect drainage was afforded through the canal. All raw surfaces were covered with peritoneum. The appendix was inspected and found normal, the abdominal wound was closed, as in case 3. The skin was so thin that the ordinary suture would not have coaptated it nicely. The patient was removed from the table in excellent shape and on May 2, 1907, reports herself entirely well.

Case 5.—Persistent nausea and vomiting due to diseased and prolapsed ovaries and chronic appendicitis. Operation. Recovery.

Patient, aet. 24; intelligent, hard working Hungarian girl. She came to me in October, 1906, with absolute amenorrhea, the menses having been absent for more than six months. She was exceedingly anaemic with a great deal of pain and distress in her stomach; vomited after almost every meal. It made but little difference what she ate so far as the indigestion was concerned. Upon examination I failed to find much tenderness over the stomach, but the ovaries were both enlarged and there was a good deal of tenderness over the appendix. I treated her for two months and afforded her not a little relief by means of arsenicum internally and local treatments; the uterus was elevated and the ovaries held out of the cul-de-sac of Douglas by means of tampons. However, as soon as the treatments were discontinued she relapsed back into her old condition and finally drifted into the hands of a stomach specialist who washed her stomach and dieted her with but little relief.

On March 12, 1907, I opened the abdomen and found an appendix about five inches long, which was indurated and

slender and wrapped closely about the caecum. I also found both ovaries enlarged to four times their normal size with the tubes occluded. I therefore removed the appendix and tied off both ovaries and tubes and fastened the small, undersized uterus in front, as there was a tendency for it to fall backwards. I then dilated the rectum thoroughly, notwithstanding the fact that there had been no constipation. She did have, however, cold clammy hands and cold feet. The abdomen was closed in the usual way. The patient stood the operation nicely and was removed from the table in good shape. She did not vomit once after the anaesthetic and at this writing, July, 1908, is in most excellent condition. She is able to eat anything that she wants and the only time that she has had any indigestion has been after hard work at tending a machine in a large cloak factory.

**EPILEPSY; A POSSIBLE CAUSE IN AUTO-INTOXICATION
AND A POSSIBLE CURE IN APPENDECTOMY.**

J. RICHEY HORNER, A. M., M. D., CLEVELAND.

The study of epilepsy from the standpoint of pathology and etiology has been one of extreme importance and interest and at the same time it has been unsatisfactory as regards conclusions. The pathological changes found are not constant. Most frequently is a sclerosis, distributed in patches in various parts of the cortex. This is practically all that can be said to be the *propter hoc* condition, all the other changes are *post hoc* in their character. The frequency of the occurrence of this change warrants us in believing it to be a factor in the development of the attack. It may do so mechanically. It is quite conceivable that the irritation produced by these sclerosed foci might by their pressure be sufficient to produce the explosion, acting really in the same way the foreign body acts in producing Jacksonian epilepsy. Granting this to be true, what is the etiological factor back of the appearance of these foci?

Much interest has recently been shown by scientists of all schools in the study of the relation of toxæmia to disease in general. A number of papers have been presented to this Society on the subject of the toxæmia of pregnancy. Still others, referring to other conditions have been made the subject of discussion. It has occurred to us that it might not be unprofitable to consider the possibility of epilepsy being one of the results of the absorption of a toxic product, the origin of the toxine being the large intestine.

Probably the greatest impulse to the study of the possibilities of auto-intoxication was given by Bouchard. His book bearing that title is a classic and led the scientific medical world into new fields of research. Since that time others have recognized the importance of these toxic matters and have studied their relations as has been noted above.

The most recent of these investigators is Metchnikoff, of the Pasteur Institute, Paris. He makes the contention that among the factors which play an important part in the production of old

age, are the microbial contents of the large intestine. In his most recent book, "The Prolongation of Life," he goes into his theories in detail and in the most interesting way. The general trend of his investigations seem to show that he has some good grounds for his belief. It is not our purpose to do more than give a very cursory review of his ideas, for anything else would take up greater time and space than is allotted to us. Nor must I be considered as endorsing all that he claims. I am merely quoting, hoping to use a part of his ideas in application to the particular subject in which I am at present interested.

Metchnikoff shows that animals in which digestion takes a long time and in which excretion follows late have short lives. Conversely, birds whose intestinal tract is short and simple are long-lived. That gives in a nutshell the vital points claimed by the learned professor. He cites the horse as an example of an herbivorous animal which dies young after a premature old age. "The process of digestion is slow and enormous masses of nutritive material accumulate in the huge large intestine." Food remains in the alimentary canal four days, being in the stomach only one day and in the intestine the balance of the time. The cow and the sheep are other examples of animals which become senile at an early age and die young.

On the contrary, birds, some of which live to great age, have very simple alimentary tracts. The bladder, too, is absent and both urine and excreta are ejected almost as soon as they are formed. It was found that the intestine of the cow and sheep and horse contained rich colonies of intestinal flora and give off a strong odor of putrefaction. "The conditions are entirely different as regards the birds, in which there is no stagnation during the passage of the food through the digestive canal."

So it would seem that we are justified in assuming that there is a relation between conditions of health and normal being and the intestine and its contents. Hence there has arisen a question as to whether there might not be a definite relation between epilepsy and toxic products having their origin in the intestinal tract.

That there is a reflex epilepsy has been fully demonstrated by the numerous cures which have followed the removal of these

sources of irritation. This part of the subject has been fully investigated and discussed by Dr. James C. Wood, both in his work on Gynecology and in various papers published by him. It was while I was attending an operation being performed by him that the subject was discussed by us and the question arose as to the possibility of one cause for epilepsy being in the condition of the large intestine. He had called me in consultation, the patient being a girl who had had epilepsy for a number of years and an associated catarrhal colitis and appendicitis. Dr. Wood then spoke of a patient upon whom he had operated for appendicitis, the most astonishing sequel of the operation being a cessation of epileptic attacks to which she had been subject for years. I do not believe this can be classed as a possible reflex case, but rather a case in which the epileptic attacks were due to some toxæmia dependent upon the condition of the colon and having its possible origin in the appendix.

It is conceded that there is some relation between the digestive tract and the disease. It is the rule for the epileptic to be put upon a very rigorous diet. Not only this, but it is recognized that food which decomposes readily in the intestines will render the patient more liable to attacks. The keynote to the question of diet is that it must be absolutely non-irritating.

It is true that in many cases of epilepsy there are associated disturbances of the intestinal tract. Most often, perhaps, this takes the form of constipation, but in a number of instances which have come under our observation there has been a very decided tendency to diarrhoea. In one patient in particular this has been the condition and, while she has had the most careful treatment from skilled men, this feature of her case remains unchanged. We know that these inflammations of the colon are often the result of appendical disease which has become chronic and does not give any pain. In this case might we not have a condition of toxæmia, the result of the infection from the diseased appendix and with the epileptic attacks as the direct sequel? Would we not be justified in advising in such a case as this an appendectomy?

One practical application of what I have had to offer is embodied in the above queries and they should serve to present to you the possibilities of a cure of this disease along this line.

Another point is the necessity of special attention to the condition of the entire intestinal tract. The possibility of toxic infection of any kind should be eliminated and this means not only the regulating of the diet as noted above, but the prevention of the accumulation of large masses of fecal matter. The means for this prevention are not only the proper selection of food, but the proper ingestion of that food so that the greatest opportunity may be given for its assimilation. Probably the greatest help to this lies in the slow and thorough mastication of food. That this latter point is important seems to have been only recently recognized and much is now being said about it. We presume that no one will dispute the correctness of the claim.

A third very important point is the removal of irritating masses or substances from the bowel. Probably the most effective way of doing this is by high colon injections with antiseptic solutions. This should be done with sufficient frequency to insure freedom of the bowel from these substances. I have many times thought that we pay too little attention to the material elements in the causation of epilepsy and look for a cure to internal medicine alone. In 90 per cent of the cases this fails and other methods must be sought.

The only case which I have to report, exclusive of that coming under the care of Dr. Wood, above noted, is that of a girl aged 9, who had not been a strong baby, requiring constant care, who had had one spasm at eighteen months lasting three hours and coming on without any appreciable cause. She had always been "nervous" and was rather precocious. Three years ago she one day acted strangely. She suddenly started for the closet to urinate, her mother noticing a drawn look on the face. Her mother stopped her, held her for a minute and then she "came to herself" and said she did not need to go. She had a similar attack once in three months after this, never falling, though always reaching out for support. She had two attacks from September to December, 1906, then every ten days until February,

1907, when she had three in one day. During the past summer she had one daily and from that time until I saw her, September 8, 1907, she had them at irregular intervals. They lasted only a minute or two, were attended with the desire to urinate and followed by sleepiness. Her general condition was good, her appetite fair and she was always excitable and nervous.

During all this time she had been constipated and had had considerable intestinal indigestion. I referred her to Dr. L. K. Maxwell, of Toledo, suggesting an operation for removal of the appendix. This was done December 10, 1907, and she made a good recovery.

Under date of May 8, 1908, her father wrote me, "Marguerite is fifty per cent better in her general health. She sleeps well now, while before the operation it was almost impossible for her to get a good night's rest. Those little 'nervous disturbances' are disappearing. It will be three weeks tomorrow since we have noticed any and we are watching her closely. Up to the time of the operation they came frequently and in series of three."

Of course, I realized that "one swallow does not make a summer," but the difference is so marked that I feel justified in reporting the case. There was no other treatment to which the improvement could be attributed and up to the time she came under my observation she had had the most careful treatment, though without any benefit.

I have under my care at the present time a case which I regard as presenting the most typical indications warranting the operation. This patient is twenty-six years old, an unmarried girl in fair health outside of two conditions. She has epileptic attacks, more frequently *petit mal*, but with occasional attacks of the *grand mal*, and she has chronic diarrhoea. Briefly, her case presents the following history: "Trouble with breathing" at 11 years; at 15, constipation with extreme bloating; at 19, an epileptic attack lasting three hours said to be due to eating ice cream in large quantity; at 22, the diarrhoea began and she has never been free from it since. The epileptic attacks have been frequent since then, except for one period of two years, when she was kept constantly under the influence of the bromides. The particular

condition from which she suffered in addition to the epilepsy has been the diarrhoea and cramps. For this there has not been any successful treatment.

As it is frequently the case that a colitis is the sequel of a chronic appendicitis and as it may be true that the epilepsy is due to an auto-intoxication, I feel that I am justified in urging for this patient an operation for the removal of the appendix, hoping to relieve not only the colitis, but the epilepsy. There may be some important and interesting results.

DISCUSSION.

The President: It is unfortunate we haven't time for a discussion of that paper.

Dr. McCann: I think we have time for discussion of that paper, and if there is time I would like to hear it discussed. I was trying to get Dr. Welliver to say something, but he hasn't any of that kind of patients on his hands; I told him I would be pleased to send him a few. The great trouble I have had with these epileptic cases in my practice is to get them to observe any kind of dietetic care. They will do it for a while and be perfectly well and just as soon as they think they are free from the dangers of a re-attack they are back in the same old rut with their food. I had a patient who used to boast of his ability to take a pint of water and turn his head back and pour it down without moving the esophagus at all and he would do the same thing with a right good bulk of meat. Epilepsy resulted in that boy, and was a permanent difficulty with him for a length of time, until he found he was a life-long subject of this disease if he didn't change his way. He has changed his way and for five years he has not had an attack. I believe it is due wholly to his care in mastication and not a matter of the kind of food he takes. I believe the cases I have had a chance to observe, outside of one or two traumatic cases where brain affection has shown itself in early childhood, were in three-fourths of the cases due to intestinal difficulty, and to bad judgment in the mastication of food.

I have had one patient under my care who had one or two attacks of epilepsy at the age of fourteen. He had no more until the age of sixty, and he has had twenty I should think in the last two years. When we can get him to see the importance of care in the kind of food he eats, and the way in which it is ingested, there is no trouble; but when we can't, he immediately has his

difficulty. And whether it is a catarrhal condition of the large intestine, the whole tract, or an engorgement of some portion of the intestinal tract, or a pressure on the solar plexus I am not able to say.

Dr. Carpenter: Mr. President, I am very sure that a very large number of cases of epilepsy are directly due to trouble below the diaphragm and mainly there in the large intestine, but to say that most of the cases or all of them are due to that cause, I could not agree. But in evidence of the subject before us I want to recite a case that I had on my hands a couple of years ago, of a young lady who in her school and university life—a very bright girl—had been pushed to the extreme limit and in order to keep up had studied late, worked on all sorts of things connected with her school life, in school and out of school; she ate irregularly, masticated poorly, gulped things down as fast as she could, and when she got through she was a nervous wreck, the chief evidence of which was these attacks of epilepsy. They would come on, in season and out of season, riding in the carriage, in the street, walking with her parents, or sitting at the piano forte, or anywhere, even in church, until the case was very distressing.

When she fell into my hands, it seemed to me that the case evidently pointed to irregularities in the digestive tract from the history they gave me. I took her in the fall of the year for treatment, in October. I regulated her diet, kept her as she was willing to do, in an upstairs portion of her residence, allowed her no company, because that seemed to be one of the exciting causes—she seemed to “fly to pieces” when anybody was around. She was willing to do it; and her diet was carefully selected with instructions how to take it—how much to take and how frequently. The result was the attacks became less in severity and much fewer in number, until in April of the succeeding year, six months from the time she came to me, she had the last attack; this was three years ago, in April, 1905. A few days ago I happened to see her and she reported herself ordinarily well with no recurrence of this epilepsy.

That is evidence of the influence of the abdominal organs in producing a nervous disease. This was not sufficient to perform laparotomy, but it might have been had the conditions been allowed to go on longer than they were.

Dr. McCann: I sometimes tell my patients the story of Gladstone, of England, that the reason he lived so long and was so bright mentally was because he chewed each piece of food thirty-two times before he swallowed it. I tell my patients the trouble is in imperfect mastication.

UTERINE HOUSE CLEANING.

C. E. WALTON, M. D., CINCINNATI.

"In the spring a young man's fancy lightly
Turns to thoughts of love."

In the spring the thrifty housewife puts
Mop and dust brush on the move.

From the above sentiments, one might infer that love and house-cleaning are intimately related, at least so far as the season of the year is concerned. The relationship, however, is not a casual one. The amatory sentiments of a young man do not include the further strain upon the affections imposed by a vigorous house cleaning; and a strenuous house-cleaning campaign does not necessarily foster love's young dream of unalloyed happiness.

The efforts of the gynecologist are largely occupied in putting in order the house not made with hands, eternal in the female; containing as it does the products of congestive, inflammatory, menstrual, procreative, climacteric and septic processes, it affords a wide field of action. The granulations which spring up on its red-lined walls; the abnormal mucus of the utricular and cervical glands; the debris of mural decorations spread out to furnish the apartment of fetal activities; the blasted occupant of its cavity; the invasion of the gonococcus and other bacteria; all call for a judicious removal and thorough renovation. The efficacy of the work depends upon dilatation, mechanical cleaning, local and somatic medicament and drainage.

Dilatation can be accomplished by using the negative pole of the galvanic current, care being taken not to cauterize the tissues; or by graduated solid dilators.

The question of mechanical cleaning is of the utmost importance. For the removal of granulation tissue, the sharp curette is safe and effective. By changing the angle at which it is held, the sharp curette can be changed into a dull one without the necessity of using two instruments. For the removal of mucus, and much debris, a gauze wiper made by wrapping gauze around the blades of the uterine probe-pointed dressing forceps answers

every purpose and protects the walls from abrasion. For placental, or fetal, debris, narrow bladed forceps, with a serrated grasp, are the most useful. I take pleasure in exhibiting an instrument which I had constructed after the pattern of one used for removing vesical calculi. It can be introduced through a dilatation no larger than the little finger, or such as is made by the largest of the conical dilator. Its grasp is certain and the form of handle gives a comfortable control, thus differing from the ordinary scissor-handled instrument. It takes the place of the ordinary placental forceps, and can be used through a much smaller opening. It can be used for fetal extraction during the first four months of development.

Local medication can be applied through a return-current irrigator. Drainage is secured through the dilated canal, either with or without gauze, and with the aid of the osmotic action of glycerine.

The sharp curette is a decidedly dangerous instrument when improperly used. In cases of puerperal septicemia it should never be used, as it will open new channels of infection and augment the very condition that is sought to be relieved. If, on the other hand, the uterus contains putrefying debris, with its saprophytic infection, the curette may be used. Even in this condition, however, the forceps and the gauze curette are safer.

In gonorrheal infection of the cervix one should be careful not to spread the infection to the uterine cavity by the unwise introduction of instruments. One of the best cleansing fluids to use is composed of one-half dram of iodine to two quarts of water. This can be preceded by peroxide of hydrogen, one part to three or four of water. One reliable method well followed is better than many methods indiscriminately used. The local cause once removed, the tissues involved have a tendency to recover their normal condition. Over zealous cleaning and too prolonged efforts retard recovery. The *vis medicatrix* tortoise will many times out-run the over-confident medical hare. An over-stimulated sinus which refuses to heal, will frequently close under apparent neglect. Over douching will inhibit the self-cleaning function of the uterus and vagina.

As to internal medication, a sick uterus will respond as readily as a sick liver. The same careful discrimination of remedies is required as in the treatment of other diseased organs. Treat the patient and not the disease. Do not expect the curette and the douche to do what can only be reached by the remedy. Do not expect the remedy to do what can only be done with the curette and douche.

The object of this brief paper is to warn against the danger of the curette, to emphasize the worth of internal medication, to extol the virtue of proper cleaning methods and drainage.

THE BANQUET

On the evening of May twelfth, the members of the Society and the visitors were the guests of the Dayton Homeopathic Medical Society at a banquet held at the Algonquin Hotel. The appointments were such as befitted the occasion and the members of the State Society were given the privilege of meeting a great number of Dayton's best people. Taken altogether, it was one of the nicest affairs we have ever attended and certainly deserves an especial place in the transactions of the meeting.

We have been unable to obtain a copy of the address of President Royal C. Copeland of the American Institute of Homeopathy. His topic was "Take Your Medicine." We do remember that he spoke very eloquently of the position in which the homeopathic school is placed at the present time. He spoke of the necessity for co-operating and earnest work all along the line. He spoke of the great necessity for organization of our forces in all parts of the country and of the necessity for the strengthening of our great central society, the American Institute of Homeopathy.

We should have been glad to have had a full report of his address, for it showed that he is and has been fully alive to the importance of activity and that he is doing his most earnest work in bringing his fellow-laborers in the Institute to a realization of that fact.

We present to the members the remainder of the addresses, hoping that the absent ones may be stimulated to attend next year in order that they may enjoy the occasion as much as did those who were present.

"HOW THE OTHER HALF MANAGES"

MRS. A. S. ROSENBERGER, COVINGTON.

Artemas Ward is seldom referred to in these days, but in considering the honor you have shown me tonight, I feel as he did upon one occasion when he was visiting the Mormons in the early sixties. A Mormon elder died, leaving sixteen sad widows to mourn his loss; then these sixteen inconsolate widows came to Artemas Ward and asked him to marry them. He gently but very firmly refused for prudential reasons—Betsey Ward was still living. Then they took his hand in theirs and said, "O crooel, crooel man, this is too much, too much!" And Artemas replied that it was the "muchness" to which he objected. Like him I am overwhelmed at the "muchness" of this occasion.

How the other half manages, is a mystery as old as the sphinx itself. Only a woman understands a woman's needs and men can seldom comprehend the details of her most methodical schemes. We manage as described by Browning:

"The common problem yours, mine, every one's is
Not to fancy what were fair in life
Provided it could be—but finding first
What may be, then find how to make it fair, up to our means."

In the Amphibian age an animal existed which almost defied classification. It was 36 feet long, 6 feet in diameter, and known as the Megatherium. It pulled down trees and ate their foliage and for this reason was placed among the Ruminata. Then it was discovered that it spent much time in the water, so it was listed among the marine animals. It prowled about in search of prey and fed upon the animals it captured, so it was finally classed among the carnivorous animals. I simply mention the Megatherium in passing because I have sometimes thought a doctor's wife is an anomaly like that. She holds a peculiar, indefinable position in society; her relation to her husband's business is unique and difficult to define. Let me appeal to your own experiences; how many of you knew just what was

expected of you by your husband's patients? How many of us have blundered and said and done the wrong thing? There may be a few so happily constituted, that they instinctively know their bearings and never go wrong, but we speak for the average woman who has to pilot her course through rocks and shoals with neither chart nor compass to go by. In no other profession does the wife play so important a part as in ours, because nothing taxes us so heavily as the task of maintaining smooth and pleasant relations with our fellows.

Doctors were first heard of about 5,000 years ago. In unearthing the dust of the ages, scientists found a tablet in Assyria with this inscription: "Now Hilkihah, the son of Nathan, fell sick and Hilkihah trusted not in the Lord but called in a physician—and Hilkihah was gathered unto his fathers." Down through the years we find many brilliant records of famous physicians until we come to the names of Hahnemann, Hering, Lippe, and many others so familiar to you. But tonight we are compelled to make the sad admission that looking through medical cyclopedias, biographical dictionaries and works of miscellaneous information also a prolonged investigation of our reference library shelves failed to reveal anything of interest concerning their wives. So we are forced to the sad conclusion that the doctor's wife, as a rule, is alike to fortune and to fame, unknown. And we console ourselves by remembering that great men dwarf those who stand near them. The sons of our presidents and other great men have long since bemoaned and bewailed their hard lot. May we not be laboring under the same disadvantage? So we beg leave to avoid the masters in medicine and refer you to a few with whom we are more familiar, whose wives receive brief mention. Dickens tells us of Dr. Blimber who lived in a mighty fine house fronting the sea. Not a joyful style of house within, quite the contrary. Sad-colored curtains whose proportions were spare and lean, hid themselves despondently behind the windows. The tables and chairs were put away in rows like figures in a sum.

There was no light nonsense about Mrs. Blimber; she was not learned herself, but she pretended to be, and that did quite as

well. None of your live languages for her, they must be dead,—stone dead. She said at an evening party that if she could have known Cicero and talked with him in his retirement at beautiful Tusculum, she could have died contented.

Then there was poor little Rosalynd, who married Dr. Lydgate when he was entering upon a career which promised great things professionally. He had plans for a fever hospital and he was popular among the ladies because he was willing to listen to much talk concerning "peculiar constitutions." But Rosalynd was fond of spending money, fond of buying the best of everything. Now you know a woman who gets as much fun out of putting \$5.00 into the bank as she does in spending it is a financier. I am sorry to say that my acquaintance among women financiers has been limited, but we must conclude that Rosalynd was not a financier. They occupied a grand house, elegantly furnished, and Lydgate was in debt. As he failed to realize his early ambitions, there were many who excused his failure because he had been hampered by an unsympathetic, foolish and extravagant wife. Yet doctors are supposed to succeed better when they are married. Dooley says, "I think married men gets on the best, for they have a home an' family to lave in the mornin' and a home an' family to come back to at night. That makes thim worruk. Some men's domestic troubles drives thim to dhrink, others to labor. Ye r-read about a man becomin' a millin'yre an ye think he done it by his own exertions whin 'tis much agin little 'twas the fear of comin' home impty-handed an' dislike of sthayin' ar-round the house so much that made him rich. An' whin he thinks he is makin' a great hit with the worruld he don't know what his own wife thinks av him."

It is difficult for the doctor's wife to say and do the right thing when a patient is seriously ill. Her husband may tell her the most alarming symptoms. And then should a perverse fate send as a caller the woman who is a neighborhood authority on all diseases, who has measured all the infants and conjured for most of the cases of erysipelas, who is hearty herself, only sometimes she suffers the "bigamies of death because she hasn't gall enough to justify her victuals," but she gathers her own yarbs

for medicine, and knows how to compound doses that would stir the vitals of a cast-iron dog. She has just come to inquire as to the welfare of this particular patient. If under the bombardment of this persistent cross-questioner, the doctor's wife should so far forget herself as to retail a few of the most interesting symptoms,—few women can keep a secret even with salicylic acid,—then there is trouble.

All honor to such names as Dr. William Webster of Dayton, Dr. Pulte of Cincinnati, Dr. J. C. Sanders of Cleveland, and many others who introduced homeopathy in their respective localities. To rightly estimate their task, we must go back in thought to the conditions that prevailed a generation ago. No doubt there were times when they felt their efforts were squandered, they were sowing seed, not upon the Nile, to find it again abundantly, but in mid-ocean, to sink and come to naught. And yet they worked on. They must have been men of rare strength of character, quick to see betterment and strong in their decision to stand by the law of similia. To our generation comes the career of these men telling us that the age of heroism has not ended, must not end. They were optimists, innovators and saw final triumph afar off. Many doors stand wide open for the doctor who has ability, courage and persistency of character. Drudgery cannot disgust him, obstacles cannot discourage him, reverses cannot overwhelm him, and after awhile even those who tried to influence men against him, shall admit they cannot down him. This is man's royal prerogative. Knowledge stands in as vital relation to the growth of reason as iron and phosphate to the enrichment of the blood. Ignorance is weakness; no doctor has a right to fulfill a stagnant career. He must bring to bear upon his cases all the powers of a well disciplined mind. His eyes should be kind and patient from much experience of human trouble and weakness of all sorts; keen and penetrating as having looked through the mists of pain and disease, searching for hope, aye, and finding it, too, where other men could only find despair. Seneca says those who go up and down steep paths, and go through dangerous enterprises are the brave men and

the leaders in the camp; but to rest basely at the cost of others' labor is to be a coward.

In all the phases of the doctor's life and profession, it is we, ourselves, each one of us, who must keep watch and ward over the fairness of her home and each with her own soul and hand do her due share therein.


After the turf had been spread, Lord Kilskindie gave this tribute to the worth of one doctor: "Friends, it would not be right that we should part in silence and no man say what is in every heart. We have buried the remains of one who served this Glen with a devotion that has known no reserve, and a kindness that never failed for more than forty years. I have seen many brave men in my day, but no man in the trenches of Sebastopol carried himself more knightly than Dr. William McClure. You will never have heard from his lips what I may tell you today, that my father secured for him a valuable post in his younger days, and he preferred to work among his own people, and I wished to do many things for him when he was old, but he would have nothing for himself. He will never be forgotten while one of us lives, and I pray that all doctors everywhere may share his spirit."

"THE EMERGENCY OF TODAY"**DR. J. M. WINE, DAYTON.**

Mr. Toastmaster, Ladies and Gentlemen:

I thought I was good on Bible stories, but I decline to compete with what we have already heard in that line, to say nothing of what is liable to follow. It looks to me as though the Toastmaster placed Mrs. Rosenberger first on this list for the express purpose of "laying the rest of us out" ahead of time. I don't like that; just as though we did not feel our timidity enough just now without such a handicap. The emergency of today is that you can't trust your friends any more! When I accepted the invitation to make a talk I felt something like the fellow that ran for school-board. The story goes that a certain man whose mother was dead took a notion to get on the school-board. After the ballots were counted it was found that he was elected. His feeling of elation led him to exclaim, "If only mother could see me!" I feel just now that I could forego that pleasure very comfortably. "It is told that when the Rev. Henry Ward Beecher died and approached the Golden Gate the Angel on duty searchingly inquired, 'Who's there?' 'H. W. Beecher.' Instantly the portals flew open wide, and 'Glad to see you, Mr. Beecher; we heard you were coming, so we are glad to see you; we heard you were coming. We not only heard you were coming, but we prepared for you.'" Now I was going to tell you about that preparation, how we had our City Bacteriologist examine the waters of Mad river and found them drinkable; how we had an extra amount of lily water distilled for those who were very particular; how we had the milk supply thoroughly looked into, a number of bacterial counts made, the proper amount of cream added, and for the next two days we have ordered it strained twice. I was going to tell you how we had all these eatables government inspected, but in looking about over this assembly, seeing everybody so busily engaged and all this stuff disappearing, I felt that it was of no use to tell of all this preparation, for if the pure food laws have been violated the mis-

chief has already been done. I want to thank you for the faith you have had in us, knowing that we would look after all these details. We have also prepared a mental feast for you, and if you do not absorb this as freely as you have this food, your visit to Dayton will not profit you much by tomorrow about this time. We have met, gentlemen, to make a contribution to medical history, and I hope something we do or say may go down as history. That isn't hoping for too much, is it? Ever since medicine has had a history, it has been a record of a series of struggles against her two greatest foes—superstition and ignorance—and she has triumphed over them, though oftentimes long delayed. The preachers tell us (by way of encouragement) that this is the greatest age in which to live. That's just what we say; in fact the preachers got it from us, but for some reason or other have failed to give the proper credit. The responsibilities and opportunities of living today cannot be overstated in the present state of our language. Everybody feels that, and as witness, just examine the various death certificates and you will notice that everybody who dies these days has the greatest possible excuse for so doing. We claim devotion to a science that has done more to foster human happiness than any other force in the world. She has reduced human misery to the minimum, and when we find out that we have nothing but souls, the misery will be all gone. She has by her control of infectious diseases, shorn the army of more than half of its terrors. She has taught us that our insane patients are sick; she has made our surgery painless and well-nigh bloodless; she has made it possible for our poor, when sick, to fare fully as well as, if not better than, those of us who have money; and now and again she has dubbed a poor, plodding physician a philanthropist. Her star of hope has ever been that she might find out the causes of disease, and what efforts have been made to remove them? What mountains of hard work? What multitudes of painstaking and anxious experiments? What devotion to duty? What absorbing of time of some of the greatest minds the world has produced? What sacrifices of everything, yes, of life itself in many cases, a record



that for sublimity and unselfishness of purpose equals, if not transcends, anything on the pages of profane history?

The emergency of today is to realize what is yet before us. This is a practical age. Instead of worshiping at the shrine of the God Aesculapius, we rather study methods from Hippocrates, Galen and Hahnemann. Instead of burning candles and reading prayers to stop an epidemic we rather proceed to sterilize the bacteria, quarantine the mosquitoes and exclude the flies from our habitations. We no longer fear epidemics. They are getting farther and farther apart and less and less virulent. Real disease is getting scarcer and scarcer, and in the future when preventive medicine shall be practiced by us all and the rules of sanitation observed in every hotel and home and on the streets, and when we refrain from eating everything that tastes good and keep out of the way of automobiles, we shall all live to get old and shall pass into the larger life unconsciously, as it were, not knowing just exactly when we did it. The outlook for the future is such that—excuse me, I promised the Toastmaster I wouldn't go very elaborately into the future of medicine. I guess that is his little speech.

We are glad you came and took supper with us. We want you all to have a good time. We want you to feel that this is the way we live in Dayton all the time. Indeed, we have not had quite as much for supper tonight as we usually have, but we hope you will make out, as it isn't very long now till morning. We want you to take away all of Dayton you can use. You may even have the canal if you take it away speedily and quietly so the "News" won't find out about it. Take anything you want. If you see any churches open, go right in and sit down. Don't wait for us, for we have been in them. Go any place you want on the street cars. Don't pay for anything. Charge everything to the Dayton Homeopathic Medical Society, for we heard there would be a bill to pay and don't want to be disappointed.

"TO BE AND TO HAVE BEEN"**DR. H. E. BEEBE, SIDNEY.**

Mr. Toastmaster and Friends: A few days ago we received a circular letter stating that we would be entertained this evening by the homeopathic profession of Dayton, and, following a banquet, there would be toasts responded to by some of the orators in the homeopathic profession of Ohio. Now, we have all along conceded that there is but one orator among the homeopathic doctors of Ohio, why, I think he admits that himself. You will observe about these tables the guests pointing out on their programs and whispering, "Wait until you hear the last toast, ah, he is a daisy, just wait until Walton talks." There has been some question that these honors were divided between Dr. Walton and Dr. Sawyer. After tonight there will be another in the field in the person of our eloquent toastmaster, Dr. Murphy, of Dayton.

Let me tell you, these Dayton boys are all right. When you learn to know them as we of the Miami Valley know them, you will be sure of it. This reminds me of an incident of a few days ago. A gentleman one morning stepped into my office and said that he was from Dayton and in need of a prescription. That he had been out with the boys the evening before and was feeling quite indisposed. I, of course, prescribed Nux. Some of you may need some of the same remedy tomorrow morning, particularly so if you go out with these Cleveland boys. My patient being quite talkative, volunteered to recite a dream that he had had in his restlessness the night before. He said that he was taken sick and his family physician failed to restore him as he had done before. Consequently he died. On demanding admittance to the golden gates he was requested to wait a time patiently until the register was consulted. In due time he was informed that he did not belong in heaven. A guide was furnished him as an escort to below. On arriving there his name was not upon their records. He next returned to inform St. Peter that there must be a mistake, for, as he had been a decent sort of a

man he was certainly entitled to a place above, and requested another investigation of the register. Finally, in surprise, he was told that he was not due here for twenty years and was then asked where he came from. He replied, "From the Gem city, Dayton, Ohio, U. S. A." "Who was your doctor?" "Dr. T. A. McCann." "Oh, well, that explains it; that man McCann is continually spoiling our calculations."

The real fact is these Dayton boys are all right. They are always to the front. We in the Miami Valley knew when you came to Dayton that the entertainment would be all right, as you see it is.

The homeopathic profession here is largely composed of bright young physicians and it is to such that we must look for the future workers. It is really a little hard for us older fellows to keep up with the procession. Being a little halt, knock-kneed and infirm, we cannot easily get onto the bandwagon as it rushes along.

The advanced ideas in laboratory work, microscopy and modern methods of diagnosis, so familiar to the newer generation, are not easily made use of by us veterans. But, some one says: "The old pioneers were better physicians, better homeopaths, more successful than those of today." This we do not believe to be true, for as we grow wiser we grow better, a fact that we are obliged to admit. Of course there are exceptions. For example we cite Dr. Jones and Dr. Baxter, men who have always kept in line. Baxter on our State Board has been dubbed with the title of "Judge" and that, too, by the "Regular" members on the Board. This comes from his work as president of our Board, his just and judicious decisions during his administration and his wisdom manifest at all times.

After all we need not be ashamed of these old warhorses, for they were all right for the times. Like an epitaph in a desolate little locality, over the grave of a worthy woman buried there, it devoted two lines to her numerous virtues, concluding with: "She averaged well for this vicinity." These older members of the profession average well for their age and vicinity.

By the way, I heard a good story on Dr. Rosenberger recently. We know he is a great, big-hearted fellow and not long since a forlorn, honest-looking stranger came along claiming to be needy and asking for employment. The good doctor took him in and in due time started him out collecting, among some of his farmer patrons. He returned in the evening quite discouraged, reporting that he had collected nothing. The doctor asked what they said. "Well, John Smith, he say he pay when he sell his wheat. Mr. Jones, he say he pay when he sell his hogs. Mr. Baker, he say he pay in January." "Well," replied the doctor, "that is better than Baker would ever promise me, so you needn't be discouraged over him. He really said he would pay in January, did he? I don't understand that, for I don't understand how he would have any money then." "I think it be in January, for he say, 'be damn cold day when he pay that bill.'"

Referring again to the homeopathic profession of Dayton, we cannot but think of one who has gone; one whom to know was to love. He was the true type of the family physician; most highly respected by all and truly adored by his patrons. Dr. Walton and myself were honored by being pall-bearers at his funeral. When we have finished our work here, if as many true and beautiful words can be said of us, as were said of him, we certainly have not lived in vain. This lovable man was Dr. William Webster.

U O R M

"DO YOU UNDERSTAND?"**DR. W. B. CARPENTER, COLUMBUS.**

Mr. Toastmaster, Friends of the State Homeopathic Medical Society:—I feel that we should commiserate with each other over the position in which we find ourselves this evening. We have come from every part of our commonwealth to this festal hall at the instance of the members of our craft in this valley. So far, so good; but in the midst of good fellowship, by the Master of Ceremonies, is sprung upon us the question "Do you understand?" with such a sinister twist that he leaves the impression of doubt about our knowing anything at all. But how cleverly he did it all. In his wonderful introduction he traveled from the gibe of a newsboy to the procession of the Equinoxes; from the Dayton Flying Machine to the lightning's track and the floor of the Milky Way, and from the ponderous pulsations of the steam chest to the imponderable forces of growth, resistance and repair—all in such a way that he can truly say not only, "Do you understand?" but also, "How much can you understand?"

His beautiful diction will remind you of the story of the tramp who once went into the house of a very pious and hospitable old lady in Oswego county, and asked for a supper. A square meal was kindly set before him, which he proceeded to attack without ceremony. "Don't you say something before you begin to eat?" expostulated the old lady, who believed in grace before meat. The tramp replied, "Me and Chauncey Depew always talks best after we eat."

On second thought, I am inclined to believe that our Toastmaster did really intend to do us a favor by propounding the question before the house, for it surely points to the great difference between mere knowledge and understanding or comprehension. Knowledge does not necessarily go beyond perceptions gained by the organs of special sense; but understanding involves such a grasp of subject or situation that our mental furnishing is broader, deeper, fuller; knowledge acquires individual facts or occurrences; understanding so thoroughly sees through and con-

trols them that we can utilize them for our own advantage and the good of others. Mere knowledge is dangerous, because it is a relative thing, and is humorously "taken off" in the story of the college professor who went into a crowded restaurant in New York city for luncheon. The negro in charge of the door took his hat and gave no check in return. The professor came from the dining room an hour later, and the negro glanced at him in a comprehensive way, turned to the shelves, and handed him his hat. The professor became interested in the negro's ability to remember to whom each article of clothing belonged, and asked, "How did you know this was my hat?" "I didn't know it, sah," was the reply. "Then why did you give it to me?" persisted the professor. "Because you gave it to me, sah."

Let us name for Dr. Murphy some more things where a little more knowledge would be less dangerous. Talking "shop"—how much do we know of the true inwardness of those "nervous cases" that develop after some so-called injury by or in the conveyance of another. You have all seen many instances of joint pains, muscle soreness, vertigo, insomnia, spinal sensitiveness, that had stubbornly resisted all methods of treatment for months, promptly recover as soon as compensatory damages had been forthcoming.

Who knows anything of the laws of growth, of the laws of repair and recuperation, except that they exist as nature's methods,—this much is known, though, that we must acknowledge and employ them if we ever expect to meet with any degree of success in our calling. We can only in any event be helpers—natural forces are paramount though needing intelligent help very, very often. That they can do many things unaided, is the reason that mind cure flourishes.

A young M. D. recently took his girl to the opera. The curtain was late in rising; the room was warm, and the young lady complained of feeling faint. The doctor took something from his vest pocket, and whispered to her to hold the "tablet" in her mouth, but not to swallow it. She shyly placed it on her tongue, and rolled it over, but it would not dissolve; but she felt better. When the opera was over she slipped the tablet in her

glove ,and when alone in her room she pulled off her glove and out came a mother of pearl shirt button.

Do you know that we are fast coming to the age of water? Probably you do from noticing news items from different sources of what it is expected to accomplish by the use of water in bettering individual and municipal enterprises. But do you understand what it means, this harnessing of this world-old power? Light, power, transportation, and much else, will be available at reduced cost without dependence on coal or gas. Better understanding and control, too, of this self-same water, will be a boon to the physician and his patients, for it really comes not far from being the leading therapeutic agent.

And now do you understand yourself? If so, how much? Question after question will arise to make us realize how much there is to know, and how little we understand with that intelligent grasp that will make life worth living, or make us of any value to others.

I want to join with you in thanking the Toastmaster for introducing into this programme a thought that will furnish us an incentive for leaving the ruts of mere knowledge and indifference, and reaching for that understanding that will make us all factors for good, and for progress in our work, in our homes and in the world.

"NEVER MIND ME"

DR. J. M. HIGGINS, ATHENS.

Mr. Toastmaster, Ladies and Gentlemen:—It is hardly necessary to say that after partaking of this bounteous repast, any effort at serious cerebation would be almost useless. Nature's attempt at digestion and assimilation lays such an embargo upon the circulatory system that cerebral anæmia intervenes and any psychical activity is balked by gastric hyperæmia. Impressions upon the gray matter of the cerebral convolutions are for the time being almost entirely obliterated and, as a result, a sort of conduction aphasia, or word blindness, possesses him who attempts to speak.

So "never mind me" if I say things I don't mean, or mean things I don't say.

I come from the arid hills of classic old Athens—and I say arid advisedly, for the Anti-Saloon League swooped down upon our peaceful little city about a year ago, and since then, mirabile dictu, things have been so dry that the only moisture discernible is that from an occasional tear of a repentant sinner, or perchance a kitchen shower. Vegetation has dried and withered, and the bare limbs of the beautiful trees in our little forest city are shocking beyond description.

Now, you can possibly imagine my feelings when I struck this oasis, where there is real, sure-enough moisture on all sides. So I repeat, if, under these circumstances and conditions, I am guilty of undue levity or juggle facts with fancy, "Never Mind Me." I will land on a dry spot all O. K. in about 24 hours on the north bank of that little babbling brook which twelve long dry, withering months ago was the raging Hockhocking.

This being my first appearance at our state society, you will please pardon me for lapui linguarium et legiborum agitans. To jump a fellow up out of the brush and stand him on his feet before the elite of the homeopathic profession of the great state of Ohio is almost like leading one to the electric chair, especially to a man like myself, who among his friends and associates is

noted for modesty and timidity. As I look around this banquet hall tonight, I see three of Dayton's prominent physicians whose faces I had not seen until now since the day of my graduation from old Pulte. These boys, with myself, roomed together on Walnut Hills while we were in medical college and I am quite sure they will substantiate what I have said. I was the only married one of the bunch, and it was often wondered at how a fellow so timid as I could ever have committed matrimony, but in the absence of my better half I make bold to say that way back there in those years there was an occasional leap year, on account of one of which I have all these years enjoyed the blessings of connubial felicity.

I believe it was Samuel Weller's father who said to his son, in *Pickwick papers*, "Samivel, beware of Vidders." From my experience last night I am quite sure that Charles Dickens was a prophet, and when he put those words into the mouth of Mr. Weller I think he foresaw exactly what is happening today, when the "Merry Widow" is throwing a shadow over this fair land of ours so dense and impenetrable that vegetation in many a section in the country districts is withering and dying from the lack of the life-giving sunlight, and in the cities street car and transportation business has been so seriously interfered with that it is said the President is preparing a special message to Congress on this subject.

But to return to my experience of last night. There was a lady acquaintance of mine boarding the same train on which I came to Dayton. As I was assisting her with her suit case into the car, one of those pesky Kansas zephyrs strayed our way. It tore my friend's "Merry Widow" from its moorings and sent it rolling like a great hoop down the railroad track. Of course, I was immediately in hot pursuit. But as the "Merry Widow" was geared to about sixty revolutions to the mile, the race was very one-sided, and I soon realized that I was in the class of the also rans. But as luck would have it, the "Merry Widow" stuck under the bridge that passes the railroad track a short distance east of the station. By the time I had extricated it from its perilous position and started back to the

train the conductor had given the engineer the high sign. The signal bell sounded, and the great modern cyclops, with a snort and a jerk, started on. So there was another hot race on hand, but this time the odds were in my favor, and I soon was safe on board. But I was so completely exhausted and thoroughly frightened that what few connected thoughts I had to present to you this evening vanished forever.

Now, I hope from the last few sentences I have uttered, you, and especially the ladies, will not put me down as a woman hater for, on the contrary, I am fond of the sex, regardless of age, color or previous condition of servitude. Barring the "Merry Widows," they are all right, and while some sour old bachelor wrote that we cannot get along with or without women, my sentiments were more nearly expressed when Longfellow, in that beautiful poem, "Hiawatha," said: "As unto the bow the cord is, so unto the man is woman. Though she bends him, she obeys him; though she leads him, yet she follows. Useless each without the other."

Now, my friends, as I think I have quite completely exhausted this wonderful subject, which the committee on program was so kind and generous as to assign me, I will leave it with you, hoping that I have furnished you with much food for serious and reverent thought.

"GRAFTING NEW IDEAS"

DR. J. T. ELLIS, WAYNESVILLE.

This is the letter I received:

"Dear Dr.—Will you please respond to the toast, 'Grafting New Ideas Helps,' or any subject you prefer?"

See! He gives me any amount of latitude, and nothing said about longitude.

John D. is accredited with saying, "After dinner speeches are like a bicycle wheel. The longer its spoke, the greater the tire."

Well, I asked my wife what I should talk about. She said, "Talk about a minute."

That did not sound good to me, though I had heard it many times before with a much shorter time limit. So I decided to adopt the suggestion of Dr. Murphy and say something about "Grafting."

Now, I wonder whether he thinks I am a politician or a horticulturist that I should be authority on grafting.

Could it be possible that some one has told him I was health officer in our town?

Grafting is not a new idea.

When our illustrious namesake, Jacob of old, placed the striped sticks at the watering places and thus increased his own flocks to the detriment of his father-in-law, he was grafting more than ideas.

Grafting is the manner in which we develop mentally.

From the time of the one idea of eating, we add new ideas one by one till we attain the full stature of manhood.

As we grow older, many of the earlier grafts wither and fall. But the ones we tend and prune live to bear fruit.

But in the horticultural sense.

Take the nux thought. The stock or main trunk is the idea of relieving the community of the companionship of worthless dogs.

The earlier branches or grafts are the physiological ideas. Its use in digestive disorders. (We'll need it tonight). The tonic effect of strychnine and so forth.

Grafted on these are the higher ideas of its dynamic action.

Take lycopodium. In the parent stem we have its use in pyrotechnics and baby powders. But it grows by grafts of new ideas till we have a magnificent tree of life, not unlike the one seen by the one-eyed John, which bears twelve manner of fruits and whose leaves were for the healing of the nation.

Now, the fruit is what we pass to the people. But the nation in this case is the doctors, and I can prove by any Bibliomaniac here that the word healing is spelled in the original Hebrew h-e-e-l-i-n-g, as also it is in the command: Physician heal thyself.

Their leaves are what are commonly known as the "long green." They used to be called "shin plasters," and are a salve for any wound.

May we all become well heeled.

Let us graft for the long green.

"RESULTS MUST FOLLOW"

DR. C. E. WALTON, CINCINNATI.

The relation between cause and effect occupies the attention of both the philosopher and the fool. The philosopher develops knowledge, the fool accumulates experience.

The apple falls, the philosopher determines why. The tree falls, the fool learns to stand from under. Between the philosopher and the fool are many grades of intellect, each busy at times studying cause and effect. The cause of my speaking tonight is—Dr. Murphy—the effect—remains to be seen.

The effect is not always commensurate with the cause. The kick of a cow burned Chicago—a dump fire destroyed Chelsea. The kick and the dump were not, however, the sole causes in these catastrophies, but they were initial. The recognition of the fact that every effect must have a cause furnishes the basis of science and philosophy develops its scope. The existence of auxiliary causes must not be overlooked. Few results follow a single cause. We strike a match and a flame is produced, but the friction sets in action chemical changes which produce the heat and subsequent combustion. The simplest phenomena may involve a multiplicity of antecedents, the absence of one of which may nullify the expected results. When we say—results must follow—we mean that all the antecedents have been furnished. Now, if this sort of talk were to go on for the next three-quarters of an hour, results must follow, and they would not be agreeable to me. I shall not supply the antecedents.

If you give the remedy
That is called for, don't you see,
Sure as one and two make three,
Results must follow.

When you tie a ligature,
Tie it right, and tie it sure.
If technique is then quite pure,
Results must follow.

If sometimes you borrow ten,
From your friend, the best of men,
Then forget to pay—why then,
Results must follow.

If you purchase a "gold brick,"
In attempt to "get rich quick,"
Of your bargain you'll be sick,
Results must follow.

When you light with kerosene,
Say your prayers, or much I ween,
You'll go up and not be seen,
Results must follow.

When posting for collection,
You neglect due inspection,
You'll have cause for dejection,
Results must follow.

When you make love to a maid,
Her smile says, "she's not afraid,"
If your love is not allayed,
Results must follow.

But let us change the meter and perhaps we shall find a fitting dress for more sober thought, unshackled by the fetters of crippling rhyme, yet measured by the rhythmic tread of poetic feet.

Results—the children are of potent cause,
And follow with the logic sequence of
Immutability. Unchanging cause
Precludes the possibility of Chance,
Which is but the unknown instrument that
Works the mysteries of earth, and sea, and
Heaven. When once revealed, it takes its place
Among the galaxy of forces which
Science recognizes and tabulates.

Would'st know a cause? Think backward from results.
Would'st know results? Think forward from a cause.
Between the two, stands Judgment, as pointer
On the scale-beam of a balance. We live,
And move, and being have, from Infinite
Cause. We are, and are not, and are again,
From that self same Cause, and in the final
Wakening shall hope to see the First Great Cause
From which, though now to us inscrutable,
Results must follow.

CONSTITUTION.

ARTICLE I.

This Society shall be known as the Homeopathic Medical Society of the State of Ohio; and its objects shall be the advancement of the medical science.

ARTICLE II.

Any physician of good moral character, who is a graduate of any legally constituted and reputable medical college, and who subscribes to the doctrine *Similia Similibus Curentur*, may be elected a member of this Society, upon recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

ARTICLE III.

Every member shall, upon admission, sign the Constitution and By-Laws and pay the initiation fee.

ARTICLE IV.

Any non-resident physician, or such other person, resident or non-resident, as may be judged worthy from his superior attainments in medicine or collateral branches, may be elected an honorary member by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall not vote and shall not be eligible to office.

ARTICLE V.

The officers of the Society shall consist of a President, two Vice Presidents, a Secretary, Treasurer, and seven Censors, who shall be elected by ballot by a majority of the members present at any annual meeting; and who shall hold office until the adjournment of the annual meeting next after that at which they were elected, and until their successors are chosen and qualified.

ARTICLE VI.

It shall be the duty of the President to preside at meetings of the Society, to preserve order, to put questions, decisions, and to name members of committees not otherwise pointed.

ARTICLE VII.

It shall be the duty of the Vice Presidents in the order of their appointment, to discharge the duties of the President in his absence.

ARTICLE VIII.

It shall be the duty of the Secretary to give notice of the annual and other meetings of the Society, keep a record of the proceedings, conduct its correspondence and have charge of its archives.

ARTICLE IX.

It shall be the duty of the Treasurer to receive all moneys, make all necessary disbursements and report the same at the annual meeting.

ARTICLE X.

It shall be the duty of the Censors to receive all applications for membership, and to receive and report to the Society upon the possession by the candidates of the qualifications required by the Constitution. Three members of the Board of Censors shall constitute a quorum.

ARTICLE XI.

The annual meeting of the Society, at which time its officers shall be elected, shall be held at such place as shall be designated in the By-Laws, on the second Tuesday in May of each year, and such other meetings shall be held as shall be ordered by the By-Laws.

ARTICLE XII.

Nine members of the Society shall constitute a quorum.

ARTICLE XIII.

Any article in this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting, provided that notice of each intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

Section 1. The annual meeting of the Society shall be held at such place as may be determined by a majority of the members at each regular meeting.

Sec. 2. The annual dues shall be three dollars, invariably in advance.

Sec. 3. At each annual meeting committees shall be appointed to report upon such subjects as the Society may designate.

Sec. 4. All communications read before the Society shall become its property; but no paper shall be published as a part of the transactions of the Society without its sanction.

Sec. 5. The regular order of business of each meeting shall be arranged by the President and Secretary.

Sec. 6. All papers presented to the Society may be read by synopsis or in full, not to exceed ten minutes, except the Chairman's, which may be fifteen. Discussions shall be limited to five minutes to each speaker, and no person shall speak more than twice on the same paper. Each paper shall be offered for discussion immediately after its reading.

Sec. 7. The Committee on Legislation shall consist of seven (7) members, of which the President shall be an ex-officio member. The President shall appoint two (2) members annually to serve a term of three (3) years.

Sec. 8. The President shall appoint the Ohio members of the Inter-state Committee of the American Institute of Homeopathy. One member appointed on this Committee shall be a member of our Committee on Legislation.

Sec. 9. It shall be the duty of the President, at the opening of the annual session of the Society, to appoint two (2) Supervisors of Election. All names of candidates for election as members of the Society shall be endorsed by at least seven (7) members of the Society and placed in the hands of the Supervisors of Election.

and it shall be their duty to publicly post the names of all the candidates in the room where the meetings of the Society are held by five o'clock in the afternoon of the first day of the Society's meeting.

The Supervisors of Election shall furnish printed ballots containing all the names of candidates for office, designating the office for which they are placed in nomination.

The ballot shall be the Australian system of placing an X before the names of the several candidates voted for.

The Supervisors shall hold the election from the hours of eight to ten o'clock a. m., on the second day of the meeting, and at the hour of ten o'clock a. m., they shall proceed to canvass the result of the election, and certify the same to the President, who shall announce the result to the Society.

The candidate receiving the highest number of votes shall be declared elected.

Sec. 10. The Publication Committee shall consist of the Secretary, Treasurer and President for the year of which the proceedings are recorded. It shall be the duty of the Secretary to edit the transactions, and all the proof shall be submitted to the President and Treasurer for their approval.

Sec. 11. The President-elect shall appoint a Committee of five members, whose duty it shall be to arrange all the minor detail business of the meetings of the Society over which he presides, and present it in such order as to interfere the least with the regular bureau work.

Sec. 12. These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

STANDING RESOLUTIONS.

Resolved, That we do not deem it best to issue certificates of qualifications to any person or persons except they be already members of this Society, but would refer all such cases to local, county or congressional district Societies.

Adopted June 9, 1868.

Resolved, That hereafter no paper shall be published with the proceedings of this Society, the substance of which, at least, has not been addressed to the Society.

Adopted May 11, 1870.

Resolved, That all members of the Society who shall remove from the state shall remain members of Society only on payment of dues up to the time of removal, after suitable notice.

Resolved, That all members of the Society, non-residents of the state, shall be exempt from all financial obligations to the Society.

Adopted May 14, 1873.

Resolved, That hereafter when any member becomes in arrears for three years his name shall be stricken from the list of members, after due notice. No member in arrears shall receive a copy of the transactions.

Resolved, That such members may be restored to the list upon payment of arrearage to date of restoration.

Adopted May 12, 1875.

Resolved, That the Secretary and Treasurer of this Society shall not, during incumbency, be required to pay annual dues.

Adopted May 14, 1890.

Resolved, That whenever any assessment is made which any member of this Society believes to be prejudicial to the Society's best interests, such assessment be considered to that individual null and void without any official action of the Society.

Adopted May 11, 1898.

OFFICERS OF THE SOCIETY

SINCE ITS ORGANIZATION, 1864.

1865

President—A. O. Blair, M. D., Cleveland.
First Vice President—E. C. Witherill, M. D., Cincinnati.
Second Vice President—W. Webster, M. D., Dayton.
Third Vice President—A. C. Barlow, M. D., Lancaster.
Secretary—C. Cooper, M. D., Cincinnati.
Treasurer—G. H. Blair, M. D., Columbus.

1866

President—Lewis Barnes, M. D., Delaware.
First Vice President—J. Bosler, M. D., Dayton.
Second Vice President—A. Shepherd, M. D., Glendale.
Secretary—E. P. Penfield, M. D., Bucyrus.
Treasurer—C. C. White, M. D., Columbus.

1867

President—D. H. Beckwith, M. D., Cleveland.
First Vice President—Geo. H. Blair, M. D., Columbus.
Second Vice President—H. S. Barbour, M. D., Galion.
Secretary—W. Webster, M. D., Dayton.
Treasurer—C. C. White, M. D., Columbus.

1868

President—J. Bosler, M. D., Dayton.
First Vice President—G. H. Blair, M. D., Columbus.
Second Vice President—E. C. Beckwith, M. D., Zanesville.
Secretary—A. Shepherd, M. D., Glendale.
Treasurer—C. C. White, M. D., Columbus.

1869

President—W. Webster, M. D., Dayton.
First Vice President—E. L. Flowers, M. D., New Lexington.
Second Vice President—A. Shepherd, M. D., Glendale.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1870

President—E. B. Thomas, M. D., Cincinnati.
First Vice President—S. S. Lungren, M. D., Toledo.
Secretary—T. P. Wilson, M. D., Cleveland.
Treasurer—C. C. White, M. D., Columbus.

1871

President—E. C. Beckwith, M. D., Zanesville.
First Vice President—W. Webster, M. D., Dayton.
Second Vice President—Lewis Barnes, M. D., Delaware.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1872

President—T. P. Wilson, M. D., Cleveland.
First Vice President—M. H. Slosson, M. D., Dayton.
Second Vice President—J. M. Parks, M. D., Cleveland.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1873

President—S. S. Lungren, M. D., Toledo.
First Vice President—J. D. Buck, M. D., Cincinnati.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1874

President—J. D. Buck, M. D., Cincinnati.
First Vice President—J. H. Coulter, M. D., Columbus.
Second Vice President—G. J. Jones, M. D., Grafton.
Secretary—H. H. Baxter, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1875

President—J. R. Flowers, M. D., Columbus.
First Vice President—C. C. White, M. D., Columbus.
Second Vice President—W. M. Detweiler, M. D., Findlay.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1876

The following year, 1876, being the Centennial, and the profession being largely occupied with the World's Convention, which met in Philadelphia, no session of the Society was held.

1877

President—W. M. Detweiler, M. D., Findlay.
First Vice President—R. B. Rush, M. D., Salem.
Second Vice President—William Owens, M. D., Cincinnati.
Secretary—W. A. Phillips, M. D., Cleveland.
Treasurer—J. C. Sanders, M. D., Cleveland.

1878

President—J. B. Hunt, M. D., Delaware.
First Vice President—H. H. Baxter, M. D., Cleveland.
Second Vice President—E. P. Gaylord, M. D., Cleveland.
Secretary—A. N. Ballard, M. D., (pro tem), Shelby.
Treasurer—J. C. Sanders, M. D., Cleveland

1879

President—H. H. Baxter, M. D., Cleveland.
First Vice President—E. P. Gaylord, M. D., Toledo.
Second Vice President—William Owens, M. D., Cincinnati.
Secretary—H. M. Logee, M. D., Oxford.
Treasurer—J. C. Sanders, M. D., Cleveland.

1880

President—E. P. Gaylord, M. D., Toledo.
First Vice President—William Owens, M. D., Cincinnati.
Second Vice President—E. Gillard, M. D., Sandusky.
Secretary—J. A. Gann, M. D., Wooster.
Treasurer—J. C. Sanders, M. D., Cleveland.

1881

President—H. M. Logee, M. D., Oxford.
First Vice President—M. H. Parmelee, M. D., Toledo.
Second Vice President—G. W. Moore, M. D., Springfield.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1882

President—William Owens, M. D., Cincinnati.
First Vice President—E. Van Norman, M. D., Springfield.
Second Vice President—C. C. White, M. D., Columbus.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1883

President—C. C. White, M. D., Columbus.
First Vice President—C. E. Walton, M. D., Hamilton.
Second Vice President—W. A. Phillips, M. D., Cleveland.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—J. C. Sanders, M. D., Cleveland.

1884

President—J. C. Sanders, M. D., Cleveland.
First Vice President—J. P. Geppert, M. D., Cincinnati.
Second Vice President—M. P. Hunt, M. D., Delaware.
Secretary—H. E. Beebe, M. D., Sidney.
Treasurer—William, T. Miller, M. D., Cleveland.

1885

President—R. B. Rush, M. D., Salem.
First Vice President—G. C. McDermott, M. D., Cincinnati.
Second Vice President—E. R. Eggleston, M. D., Mt. Vernon.
Secretary—H. E. Beebe, M. D., Sidney.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—William T. Miller, M. D., Cleveland.

1886

President—H. E. Beebe, M. D., Sidney.
First Vice President—A. Claypool, M. D., Toledo.
Second Vice President—O. D. Childs, M. D., Akron.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—H. A. Chase, M. D., Toledo.
Treasurer—William T. Miller, M. D., Cleveland.

1887

President—A. Claypool, M. D., Toledo.
First Vice President—J. W. Clemmer, M. D., Columbus.

Second Vice President—R. N. Warren, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—C. L. Cleveland, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

1888

President—N. Schneider, M. D., Cleveland.
First Vice President—E. R. Eggleston, M. D., Mt. Vernon.
Second Vice President—J. A. Gann, M. D., Wooster.
Secretary—C. E. Walton, M. D., Hamilton.
Assistant Secretary—M. P. Hunt, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.

1889

President—C. E. Walton, M. D., Hamilton.
First Vice President—C. L. Cleveland, M. D., Cleveland.
Second Vice President—Frances G. Derby, M. D., Columbus.
Secretary—Frank Kraft, M. D., Sylvania.
Assistant Secretary—C. D. Crank, M. D., Cincinnati.
Treasurer—H. Pomeroy, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1890

President—John A. Gann, M. D., Wooster.
First Vice Pres.—Orpha D. Baldwin, M. D., E. Portland, Ore.
Second Vice President—C. A. Pauly, M. D., Cincinnati.
Secretary—Frank Kraft, M. D., Sylvania.
Assistant Secretary—C. C. True, M. D., Cleveland.
Treasurer—H. Pomeroy, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1891

President—E. R. Eggleston, M. D., Cleveland.
First Vice President—O. A. Palmer, M. D., Warren.
Second Vice President—O. D. Childs, M. D., Akron.
Secretary—R. B. House, M. D., Springfield.
Assistant Secretary—T. G. Barnhill, M. D., Findlay.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1892

President—C. D. Crank, M. D., Cincinnati.
First Vice President—M. H. Parmelee, M. D., Toledo.
Second Vice President—T. G. Barnhill, M. D., Findlay.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—S. R. Geiser, M. D., Cincinnati.
Treasurer—C. D. Ellis, M. D., Cleveland.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1893

On account of the World's Fair at Chicago, Ill., in 1893, no meeting of the society was held in Ohio. The officers elected the previous year were therefore retained, and the Homeopathic Medical Society of Ohio attended the sessions of the World's Congress of Homeopathic Physicians and Surgeons, held in Chicago, May 24 to June 3, 1893.

1894

President—M. H. Parmelee, M. D., Toledo.
First Vice President—H. B. Van Norman, M. D., Cleveland.
Second Vice President—S. R. Geiser, M. D., Cincinnati.
Secretary—Thos. M. Stewart, M. D., Cincinnati.
Assistant Secretary—A. C. Roll, M. D., Toledo.
Treasurer—R. B. House, M. D., Springfield.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1895

President—R. B. House, M. D., Springfield.
First Vice President—William Watts, M. D., Toledo.
Second Vice President—W. C. Hastings, M. D., Van Wert.
Secretary—Thomas M. Stewart, M. D., Cincinnati.
Assistant Secretary—Frank Kraft, M. D., Cleveland.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1896

President—W. A. Phillips, M. D., Cleveland.
First Vice President—Thomas M. Stewart, M. D., Cincinnati.
Second Vice President—Emma L. Boice, M. D., Toledo.

Secretary—A. C. Roll, M. D., Toledo.
Assistant Secretary—J. C. Fahnestock, M. D., Piqua.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1897

President—M. P. Hunt, M. D., Columbus.
First Vice President—W. A. Geohegan, M. D., Cincinnati.
Second Vice President—J. T. Ellis, M. D., Waynesville
Secretary—A. C. Roll, M. D., Toledo.
Assistant Secretary—R. B. Carter, M. D., Akron.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1898

President—W. A. Geohegan, M. D., Cincinnati.
First Vice President—R. B. Johnson, M. D., Ravenna.
Second Vice President—F. O. Hart, M. D., West Unity.
Secretary—R. B. Carter, M. D., Akron.
Assistant Secretary—M. P. Hunt, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1899

President—R. B. Carter, M. D., Akron.
First Vice President—A. W. Reddish, M. D., Sidney.
Second Vice President—Martha Canfield, M. D., Cleveland.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—G. D. Grant, M. D., Springfield.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1900

President—C. E. Sawyer, M. D., Marion.
First Vice President—F. W. Morley, M. D., Sandusky.
Second Vice President—Laura C. Brickley, M. D., Cincinnati.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—G. E. Wilder, M. D., Sandusky
Treasurer—T. T. Church, M. D., Salem.
Necrologist, D. H. Beckwith, M. D., Cleveland

1901

President—J. W. Means, M. D., Troy.
First Vice President—C. A. Pauly, M. D., Cincinnati.
Second Vice President—L. K. Maxwell, M. D., Toledo.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1902

On account of the meeting in Cleveland of the American Institute of Homeopathy, no meeting of the State Society was held in 1902. The officers elected the previous year were retained and the members attended the sessions of the Institute in June.

1903

President—Thos. M. Stewart, M. D., Cincinnati.
First Vice President—G. D. Grant, M. D., Springfield.
Second Vice President—J. P. Hershberger, M. D., Lancaster.
Secretary—A. B. Nelles, M. D., Columbus.
Assistant Secretary—C. E. Silbernagel, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1904

President—W. B. Carpenter, M. D., Columbus.
First Vice President—J. H. Wilson, M. D., Bellefontaine.
Second Vice President—Katherine Kurt, M. D., Akron.
Secretary—C. E. Silbernagel, M. D., Columbus.
Assistant Secretary—M. P. Hunt, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1905

President—J. H. Wilson, M. D., Bellefontaine.
First Vice President—Sara E. Fletcher, M. D., Columbus.
Second Vice President—J. A. Mitchell, M. D., Newa
Secretary—C. E. Silbernagel, M. D., Columbus.
Assistant Secretary—W. H. Phillips, M. D., Cleveland.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1906

President—Gaius J. Jones, M. D., Cleveland.
First Vice-President—G. D. Arndt, M. D., Mt. Vernon.
Second Vice-President—Clara E. Cooke, M. D., Portsmouth.
Secretary—C. E. Silbernagel, M. D., Columbus.
Assistant Secretary—W. B. Carpenter, M. D., Columbus.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1907

President—L. K. Maxwell, M. D., Toledo.
First Vice-President—J. B. McBride, M. D., Zanesville.
Second Vice-President—Alice Butler, M. D., Cleveland.
Secretary—H. F. Staples, M. D., Cleveland.
Assistant Secretary—Lincoln Phillips, M. D., Cincinnati.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1908

President—J. W. Overpeck, M. D., Hamilton.
First Vice-President—Lester E. Siemon, M. D., Cleveland.
Second Vice-President—C. Hoyt, M. D., Chillicothe.
Secretary—H. F. Staples, M. D., Cleveland.
Assistant Secretary—Frank Webster, M. D., Dayton.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

1909

President—L. E. Siemon, M. D., Cleveland.
First-Vice-President—W. A. Humphrey, M. D., Toledo.
Second Vice-President—H. F. Staples, M. D., Cleveland.
Secretary—R. O. Keiser, M. D., Columbus.
Assistant Secretary—J. C. Price, M. D., Toledo.
Treasurer—T. T. Church, M. D., Salem.
Necrologist—D. H. Beckwith, M. D., Cleveland.

REGISTER OF ATTENDANCE

Barnhill, T. G., Findlay.	Horner, J. Richey, Cleveland.
Barton, Pauline H., Cleveland.	House, Robert B., Springfield.
Baxter, H. H., Cleveland.	Houston, M. C., Urbana.
Biggar, H. F., Jr., Cleveland.	Hoyt, Charles, Chillicothe.
Blackburn, W. J., Dayton.	Hoyt, Wm., Hillsboro.
Blaine, W. M., Youngstown.	Humphrey, W. A., Toledo.
Brewster, Chas. B., Delaware.	Hunt, M. P., Columbus.
Budde, C. H., Dayton.	Ibershoff, A. E., Cleveland.
Butler, Alice, Cleveland.	Irvin, George H., Orrville.
Carpenter, W. B., Columbus.	Jones, G. J., Cleveland.
Cash, Nathan, Uhrichsville.	Junkermann, C. F., Lancaster.
Church, T. T., Salem.	Kerkow, Paul E., Cincinnati.
Cook, J. H., New Carlisle.	Kilgour, P. G., College Hill.
Copeland, R. S., Ann Arbor, Mich.	Kimmel, Benj. B., Cleveland.
Cutter, C. S., Cleveland.	Laughlin, F. L., Dayton.
Damon, G. J., Medina.	Lenfestey, John A., Mt. Clemens, Mich.
Danforth, Josephine M., Cleveland.	Littell, Evelyn E., Dayton.
Davis, J. H., Wilmington.	Lovett, A. A., Eaton.
Dawley, B. W., Toledo.	Lytle, J. A., Cleveland.
Denman, Geo. A., Toledo.	Maxwell, L. K., Toledo.
Dickinson, H. W., Dayton.	McBride, Martha Alice, Zanesville.
Doan, E. B., West Carrollton.	McCann, T. A., Dayton.
Ellis, J. T., Waynesville.	McCleary, J. R., Cincinnati.
Ferree, J. A., Sidney.	Meade, C. C., Cincinnati.
Gault, W. E., Portsmouth.	Means, J. W., Troy.
Geiser, C. E., Cincinnati.	Miller, George W., Dayton.
Georgi, Sophia E., Cincinnati.	Miller, John D., Tippecanoe C'y.
Ginn, C. F., Miamisburg.	Moore, C. L., Burghill.
Ginn, Charles M., Dayton.	Murphy, Frank W., Dayton.
Ginn, Curtiss, Dayton.	Outland, W. H., Bellefontaine.
Grant, George D., Springfield.	Overpeck, James W., Hamilton.
Guy, H. J., Dayton.	Palmer, L. N., Newark.
Hetherington, C. E., Piqua.	Palmer, H. E., Dayton.
Higgins, J. M., Athens.	Pardee, Mark O., Fran.
Hinsdale, W. B., Ann Arbor, Mich.	Parr, J. D., Marietta.
Hodson, G. H., Washington C. H.	Phillips, Lincoln, Cin.
Holaday, Elwood, West Elkton.	Phillips, W. H., C.
	Pollock, Florence.
	Pryor, L. R., B. ..

- Pryor, W. E., Camden.
Pulford, W. H., Delaware.
Quay, G. H., Cleveland.
Reddish, A. W., Sidney.
Reed, Ralph, Cincinnati.
Reed, R. G., Cincinnati.
Reed, V. E., Middletown.
Rhodes, N. M., Urbana.
Riley, C. T., New Matamoras.
Rosenberger, A. S., Covington.
Rowland, J. E., South Euclid.
Ruhl, Maud F., Hartwell.
Sawyer, C. E., Marion.
Schell, H. C., Hamilton.
Schneider, E. B., Cincinnati.
Seidel, A. N., Cleveland.
Shappee, W. A., Xenia.
Staples, H. F., Cleveland.
Steiner, J. S., Bluffton.
Stephan, Otto, Portsmouth.
Stewart, Thomas M., Cincinnati.
Thompson, E. C., Lebanon.
Walton, Chas. E., Cincinnati.
Webster, Frank, Dayton.
Webster, Howard H., Dayton.
Welliver, J. E., Dayton.
Wells, L. C., Cambridge.
Wetzel, H. S., Dayton.
Whitaker, H. O., New Burlington.
White, Florence Smith, Cardington.
Wine, J. M., Dayton.
Wolcott, R. C., Troy.
Young, J. W., Bellefontaine.

The Homeopathic Medical Society of the State of Ohio was organized October 13, 1864, at Columbus.

Meetings have been held annually as follows :

1865 Columbus.	1889 Cincinnati.
1866 Columbus.	1890 Cleveland.
1867 Cleveland.	1891 Findlay.
1868 Columbus.	1892 Cincinnati.
1869 Cleveland.	1893 No session on account of
1870 Dayton.	World's Fair at Chicago.
1871 Cincinnati.	1894 Toledo.
1872 Toledo.	1895 Cleveland.
1873 Columbus.	1896 Piqua.
1874 Springfield.	1897 Akron.
1875 Columbus.	1898 Columbus.
1876 No session on account of	1899 Springfield.
Centennial at Philadelphia.	1900 Sandusky.
1877 Findlay.	1901 Columbus.
1878 Columbus.	1902 No session on account of
1879 Cleveland.	American Institute meeting in
1880 Cincinnati.	Cleveland.
1881 Toledo.	1903 Columbus.
1882 Springfield.	1904 Columbus.
1883 Columbus.	1905 Cleveland.
1884 Cleveland.	1906 Columbus.
1885 Cincinnati.	1907 Cincinnati.
1886 Toledo.	1908 Dayton.
1887 Cleveland.	1909 To be held at Toledo.
1888 Delaware.	

MEMORIAL RECORD

Admitted.

1864 Barnes, Lewis.
 1864 Beckwith, E. C.
 1864 Beckwith, S. R.
 1897 Biggar, G. G.
 1864 Blair, A. O.
 1871 Brown, B. P.
 1887 Carter, R. B.
 1899 Childs, O. D.
 1884 Clark, F. M.
 1883 Cleveland, C. L.
 1867 Coburn, S. H.
 1864 Cropper, Chas.
 1895 Cummer, R. J.
 1867 Curtis, H. W.
 1870 Dake, J. P.
 1898 Dickson, James.
 1881 Duncan, T. C.
 1880 Eaton, M. M.
 1864 Flowers, F. L.
 1880 Flowers, J. R.
 1877 Gann, J. A.
 1872 Gaylord, E. P.
 1885 Goucher, E. T.
 1871 Haines, J. W.
 1882 Hale, T. T.
 1890 Hall, S. L.
 1882 Harris, J. D.
 1886 Hart, F. O.
 1897 House, C. E.
 1864 Hunt, J. B.
 1871 Hunt, W. H.
 1891 Jackson, W. S.
 1906 Jones, G. W.
 1892 Jump, J. C.
 1864 Kinsell, D. R.
 1894 Laronge, L. L.

Admitted.

1864 Lodge, E. A.
 1897 Ludlam, R.
 1867 Lungren, S. S.
 1904 Lyons, Matilda J.
 1880 McDermott, G. C.
 1870 McMahan, W. R.
 1882 Miller, J. M.
 1892 Monroe, H. I.
 1872 Moore, G. W.
 1901 Morden, Ralph.
 1890 Morley, F. W.
 1868 Morrill, C. F.
 1864 Oesterlin, Chas.
 1864 Olmstead, C. C.
 1864 Owens, J. B.
 1871 Owens, Wm.
 1885 Owens, Wm., Jr.
 1904 Patterson, A. M.
 1870 Pulte, J. H.
 1879 Ring, Hamilton.
 1872 Rowsey, W. T.
 1896 Ruhl, H. C.
 1868 Rush, R. B.
 1864 Sanders, J. C.
 1895 Scheble, M. M.
 1865 Schneider, N.
 1864 Smith, G. W.
 1883 Steingraver, F. C.
 1871 Sutphen, J. T.
 1885 Taylor, F. P.
 1865 Van Norman, H. B.
 1864 Webster, Wm.
 1886 Wells, T. E.
 1896 Williamson, W. P.
 1874 Wright, N. E.
 1897 Yarnell, E. A.

REGISTER OF MEMBERSHIP

Admitted

- 1905 Adams, E. O., 174 Lennox Building, Cleveland.
- 1908 Aeberli, Fridolin, The Alhambra, Cleveland.
- 1898 Allen, Alice Gillespie, High and Long Streets, Columbus.
- 1894 Ames, C. S., Ada.
- 1896 Arndt, G. D., Mt. Vernon.
- 1908 Baker, Lyman E., Mechanicsburg.
- 1900 Baldwin, H. D., 215 Court Street, Elyria.
- 1903 Baldwin, Wm. M., Newark.
- 1908 Bard, Frank E., 76 Grasmere Street, Cleveland.
- 1898 Barnhill, J. W., Napoleon.
- 1875 Barnhill, T. G., Findlay.
- 1908 Barton, Pauline H., 720 Rose Building, Cleveland.
- 1868 Baxter, H. H., 1021 Prospect Avenue, Cleveland.
- 1873 Beebe, H. E., Sidney.
- 1908 Beebe, Hugh M., Sidney.
- 1907 Biddinger, A. E., 802 Rose Building, Cleveland.
- 1867 Biggar, H. F., 1110 Euclid Avenue, Cleveland.
- 1903 Biggar, H. F., Jr., 1110 Euclid Avenue, Cleveland.
- 1906 Blackburn, W. J., 1111 Wayne Avenue, Dayton.
- 1907 Blackford, Harry, 534 Yankee Road, Middletown.
- 1907 Blaine, W. M., 227 Wick Avenue, Youngstown.
- 1908 Boice-Hayes, Emma L., 2236 Monroe Street, Toledo.
- 1908 Bonesteel, E. O., 10508 Superior Avenue, Cleveland.
- 1906 Bradshaw, C. E., Corning.
- 1907 Brewster, Charles B., 8 West Winter Street, Delaware.
- 1905 Buchanan, R. A., 6 and 7 Cincinnati Block, Lima.
- 1904 Buck, Chas. R., 605 Traction Building, Cincinnati.
- 1869 Buck, J. D., Traction Building, Cincinnati.
- 1904 Budde, Chas. H., Dayton.
- 1904 Burnham, J. E., Prairie Depot.
- 1905 Butler, Alice, 808 Rose Building, Cleveland.
- 1899 Cameron, G. D., Chagrin Falls.
- 1877 Canfield, Martha A., 516 Rose Building, Cleveland.
- 1883 Carpenter, W. B., 102 Buttles Avenue, Columbus.
- 1908 Case, Rolland A., 1351 East 89th Street N. E., Cleveland.
- 1908 Cash, Nathan, 69 East Third Street, Uhrichsville.
- 1905 Castle, M. H., 634 Rose Building, Cleveland.
- 1908 Cauffield, Edwin J., 250 West Market Street, Akron.
- 1905 Chamberlin, A. E., Tiffin.
- 1907 Champlin, H. D., 1022 Rose Building, Cleveland.
- 1903 Cheatham, Elizabeth C., Marion.
- 1886 Church, T. T., Salem.
- 1908 Clarke, H. R., Osborn Building, Cleveland.
- 1908 Clendon, Clara K., 8704 Prospect Street, Cleveland.
- 1908 Cochran, D. I., Millville.
- 1894 Conard, C. K., Mt. Vernon.
- 1908 Cook, E. P., Granville.
- 1892 Cook, J. H., New Carlisle.
- 1903 Cooke, Clara E., Portsmouth.
- 1908 Coolman, H. C., Hudson.

Admitted

- 1907 Countryman, A. M., 8819 Eastern Avenue, Cincinnati.
- 1905 Cramton, Isa Teed, Burton.
- 1877 Crank, C. D., 2405 Auburn Avenue, Cincinnati.
- 1905 Crawford, F. C., 532 Buckeye Building, Toledo.
- 1905 Crecelius, E. W., Wheeler Building, Norwalk.
- 1907 Crecelius, W. A., 114 Huron Avenue, Sandusky.
- 1905 Cross, W. Curtis, Ashtabula.
- 1895 Curtis, H. N., Marietta.
- 1908 Cutter, C. S., 5698 Woodland Avenue, Cleveland.
- 1898 Benson-Silber, Martha E., 1126 West Payne Avenue, Youngstown.
- 1891 Damon, G. J., Medina.
- 1908 Danforth, Josephine M., 516 Rose Building, Cleveland.
- 1906 Davis, Herbert Leland, 530 Rose Building, Cleveland.
- 1907 Dawley, Byron W., 701 Cherry Street, Toledo.
- 1908 Dawson, T. Kirby, Amelia.
- 1908 Deeley, Stanton E., 106 South Main Street, Mt. Vernon.
- 1908 Denman, George A., Majestic Apartment Building, Toledo.
- 1908 Denman, Ira O., 421-3 Ohio Building, Toledo.
- 1908 Doan, E. B., West Carrollton.
- 1906 Egts, John B., Delphos.
- 1898 Ehrmann, George B., 30 East Seventh Street, Cincinnati.
- 1900 Elliott, A. E., Lodi.
- 1908 Ellis, C. D., 1730 West 25th Street, Cleveland.
- 1908 Ellis, J. Tressler, Waynesville.
- 1908 Emery, W. C., Kenton.
- 1907 Ensey, W. Webster, 405 South Brown Street, Dayton.
- 1908 Erskine, Jeannette, 222 North Third Street, Steubenville.
- 1901 Faulder, H. B., Wapakoneta.
- 1907 Fenneman, Prudence, Hamilton.
- 1905 Ferree, J. A., Sidney.
- 1896 Ferris, Charles, College Hill.
- 1907 Findlay, W. T., 819 Ludlow Street, Cincinnati.
- 1903 Finke, F. W. D., Sonora.
- 1897 Fletcher, Sara E., 338 East State Street, Columbus.
- 1906 Foster, T. J., Mansfield.
- 1868 Fowler, E. H., 5033 Broadway, Cleveland.
- 1908 Fowler, H. DeM., 5224 Laurel Street, Collinwood.
- 1905 Frasch, J. E., Logan.
- 1908 Friend, Susan W., 1849 East 75th Street N. E., Cleveland.
- 1905 Frost, Herbert L., 2079 E. 36th Street, Cleveland.
- 1906 Garwood, J. Stokes, North Lewisburg.
- 1907 Gault, W. E., 96 East Second Street, Portsmouth.
- 1907 Geiser, Charles E., cor. 7th and Race Streets, Cincinnati.
- 1880 Geiser, S. R., Groton Building, Cincinnati.
- 1889 Geohegan, William A., 918 Hawthorne, Price Hill, Cincinnati.
- 1906 George, T. H., 1110 Euclid Ave., Cleveland.
- 1908 Georgi, Sophia E., 1634 Pullan Avenue, Cincinnati.
- 1908 Gibbs, F. L., 84 West Second Street, Chillicothe.
- 1875 Gillard, Edwin, 423 Columbus Avenue, Sandusky.
- 1908 Ginn, C. F., Miamisburg.
- 1908 Ginn, Charles M., Cor. Third and Perry Streets, Dayton.
- 1899 Ginn, Curtis, Dayton.
- 1908 Good, H. Lee, Hamilton.

Admitted

- 1907 Gracely, W. M., Independence Street, Home City.
1881 Grant, George D., Springfield.
1905 Gray, E. V., 655 Rose Building, Cleveland.
1908 Green, Arba S., Youngstown.
1885 Griggs, O. P., 207 Main Street, Ashtabula.
1906 Groesbeck, F. B., Steubenville.
1907 Guy, Harry J., 2706 East 3rd Street, Dayton.
1901 Haggart, G. B., Alliance.
1907 Hall, C. A., 1021 Prospect Avenue, Cleveland.
1873 Hall, Edward M., 18 West Winter Street, Delaware.
1908 Hammer, A. J., 829 Broadway, Toledo.
1908 Hance, W. C., DeGraff.
1907 Hartman, John V., Karst Building, Findlay.
1908 Hawkins, Ellen F., 31 West College Street, Oberlin.
1908 Herman, Howard H., 111 North Jefferson Street, Dayton.
1906 Herr, Ira J., 21 South Summit Street, Dayton.
1887 Hershberger, J. P., Lancaster.
1903 Hetherington, Clarke E., Piqua.
1908 Hewitt, W. C., O. S. & S. O. Home, Xenia.
1907 Hier, Wm. G., cor. Main and Ward Streets, Madisonville, Sta. M., Cincinnati.
1908 Higgins, J. M., Athens.
1898 Hodson, George S., Washington Court House.
1908 Holaday, Elwood, West Elkton.
1898 Horner, J. Richey, 655 Rose Building, Cleveland.
1881 House, R. B., 108 East High Street, Springfield.
1882 Hoyt, C., 39 South Paint Street, Chillicothe.
1871 Hoyt, William, Hillsboro.
1904 Humphrey, W. A., 1211 Nicholas Building, Toledo.
1899 Hunt, Ella Grace, Odd Fellows Temple, Cincinnati.
1908 Hunt, Harry E., Newark.
1881 Hunt, M. P., 208 East State Street, Columbus.
1900 Hurlburt, J. W., Uniopolis.
1908 Ibershoff, Adolph E., 822-4 Rose Building, Cleveland.
1907 Innes, A. Leonard, 804 Rose Building, Cleveland.
1907 Irvin, George H., Orrville.
1907 Jackson, J. H., Edison.
1908 Jend, Gustav A., 4951 Payne Avenue, Cleveland.
1906 Jones, Frank G., 316 Caxton Building, Cleveland.
1873 Jones, Gaius J., The Caxton, Cleveland.
1903 Junkerman, C. F., Lancaster.
1901 Keiser, Romeo O., 54 North Washington Avenue, Columbus.
1906 Kelly, I. W., Belleville.
1908 Kerkow, Paul E., 501 East Third Street, Cincinnati.
1892 Kilgour, P. T., College Hill.
1907 Kilgour, J. C., Harrison.
1908 Kimmel, Benj. B., 1007 Rose Building, Cleveland.
1880 Kirk, Ellen M., Mercantile Library Building, Cincinnati.
1908 Kittle, Richard, 7104 St. Clair Avenue, Cleveland.
1888 Kraft, Frank, 2055 90th Street S. E., Cleveland.
1895 Kurt, Katherine, 113 South Broadway, Akron.
1906 Laughlin, Thomas L., 527 River Street, Dayton.
1908 Lee, Frank C., Schofield Building, Cleveland.

Admitted

- 1908 Livermore, F. B., 427 Third Street, Barberton.
- 1886 Loomis, F. R., Jefferson.
- 1908 Loomis, Walter H., 754 Rose Building, Cleveland.
- 1908 Lovett, A. A., Eaton.
- 1907 Lytle, J. A., 610 Rose Building, Cleveland.
- 1905 McBride, John B., Zanesville.
- 1906 McBride, Martha Alice, Zanesville.
- 1896 McCann, T. A., Dayton.
- 1907 McCleary, J. R., Groton Building, Cincinnati.
- 1901 McClure, S. D., Newark.
- 1907 McCormick, Ida E., 3110 Woodburn Avenue, Cincinnati.
- 1906 Mackintosh, Angus A., 507 Main Street, Wellsville.
- 1905 Marsh, Guy C., Galion.
- 1906 Marshall, Joseph D., Main Street, Hamilton.
- 1891 Maxwell, L. K., 1615 Twenty-second Street, Toledo.
- 1896 Meade, C. C., 4228 Hamilton Avenue, Cincinnati.
- 1889 Meade, S. J. D., Grand Hotel, Cincinnati.
- 1896 Means, J. W., Troy.
- 1907 Merchant, W. M., Ironton.
- 1908 Mersfelder, F. H., 228 East Third Street, Canal Dover.
- 1907 Miller, George W., Reibold Building, Dayton.
- 1895 Miller, H. T., 113 East High Street, Springfield.
- 1908 Miller, Jno. D., Tippecanoe City.
- 1896 Mohn, D. L., Ashland.
- 1907 Moore, C. L., Burghill.
- 1906 Morrison, F. A., 2 Third Street, Uhrichsville.
- 1885 Munns, C. O., Oxford.
- 1907 Noble, Lyman A., 810 Schofield Building, Cleveland.
- 1906 Nobles, N. T. B., 1110 Euclid Avenue, Cleveland.
- 1882 Outland, W. H., Bellefontaine.
- 1892 Overpeck, J. W., Cor. Third and Dayton Streets, Hamilton.
- 1892 Palmer, I. N., Newark.
- 1888 Palmer, O. A., 1942 E. 101st Street, Cleveland.
- 1898 Pardee, Mark, Franklin.
- 1906 Parker, Jos. D., 718 Adams Street, Sandusky.
- 1908 Parr, J. D., 220 Putnam Street, Marietta.
- 1888 Pauly, C. A., Union Trust Building, Cincinnati.
- 1904 Peters, W., Lancaster.
- 1895 Peters, Wilson L., Circleville.
- 1892 Phillips, Lincoln, 1004 McMillan St., Wal. Hill, Cincinnati.
- 1879 Phillips, W. A., Scofield Building, Cleveland.
- 1905 Phillips, W. H., 1018-1020 Rose Building, Cleveland.
- 1884 Pomeroy, H., Merchant's Building, Cleveland.
- 1907 Pollock, F. M., 720 West 7th Street, Cincinnati.
- 1908 Prentiss, J. B., 212 North Fifth Street, Steubenville.
- 1908 Price, James C., 601 Main Street, Toledo.
- 1908 Pryor, W. E., Camden.
- 1907 Primm, H., Main Street, Leetonia.
- 1907 Prior, L. R., Eaton.
- 1896 Pulford, William Henry, Delaware.
- 1905 Pyle, H. W., 5 West College Street, Oberlin.
- 1885 Quay, George H., 818 Rose Building, Cleveland.
- 1883 Reddish, A. W., Sidney.

Admitted

- 1892 Reed, R. G., Union Trust Building, Cincinnati.
 1908 Reed, Ralph W., 1414 Elm Street, Cincinnati.
 1908 Rhodes, Nelson M., 118 Scioto Street, Urbana.
 1898 Reynolds, Harriet B. Chapman, 810 Rose Building, Cleveland.
 1906 Reynolds, R. W., 810 Rose Building, Cleveland.
 1908 Rhonehouse, George W., Maumee.
 1908 Riley, C. T., New Matamoras.
 1905 Ring, Charles F., 402 S. High Street, Urbana.
 1908 Roasberry, E. A., New London.
 1900 Roasberry, W. H., Olivesburgh.
 1892 Robinson, Emily, 2046 E. 102nd Street, Cleveland.
 1905 Robinson, R. DeW., Akron.
 1908 Rohland, Wm. F., 610 Rose Building, Cleveland.
 1908 Roll, Arthur C., 707 Elm Street, Toledo.
 1895 Roper, P. B., 1007 Rose Building, Cleveland.
 1889 Rosenberger, A. S., Covington.
 1908 Rowland, G. O., East Palestine.
 1908 Rowland, J. E., South Euclid.
 1907 Ruhl, Maude F., 217 Section Avenue, Hartwell.
 1895 Rust, Carl, 862 Rose Building, Cleveland.
 1908 Saddler, J. L., 18505 Detroit Street, Lakewood.
 1905 Sapp, J. A., Salineville.
 1883 Sawyer, C. E., 265 and 267 S. Main Street, Marion.
 1908 Schell, Hugh D., 110 North Third Street, Hamilton.
 1907 Schell, H. F., 132 West 9th Street, Cincinnati.
 1907 Schell, S. M., 110 North 3rd Street, Hamilton.
 1895 Schneider, Adolph B., 520 Rose Building, Cleveland.
 1908 Schneider, Edgar B., Oak and Reading Road, Cincinnati.
 1908 Schneider, J. Homer, 1900 West 25th Street, Cleveland.
 1898 Schulze, C. A., 49 E. Main Street, Columbus.
 1905 Seidel, A. N., 9302 Steinway Avenue, Cleveland.
 1908 Shaffer, Henry W., Tedron.
 1908 Shepherd, Z. W., Tedron.
 1877 Sherwood, H. A., Warren.
 1905 Siemon, Lester E., 802 Rose Building, Cleveland.
 1896 Sigrist, C. W., 1387 Oak Street, Columbus.
 1898 Silbernagel, C. E., 983 N. High Street, Columbus.
 1899 Smith, Arthur B., Springfield.
 1905 Smith, Floyd D., Cuyahoga Falls.
 1907 Smith, Wm. H., 421 Clark Street, Cincinnati.
 1892 Smith-White, Florence R., Cardington.
 1892 Snow, Henry, Norwood, Cincinnati.
 1908 Snow, W. S., Monroe.
 1905 Somers, F. W., W. 65th and Fir Streets, Cleveland.
 1897 Spencer, G. W., 830 Rose Building, Cleveland.
 1907 Stansbury, F. R., Cor. Marion and Isabella Streets, Hyde Park, Cincinnati.
 1905 Stansbury, Nina J., 15 Coventry Road, Cleveland.
 1905 Staples, H. F., 802 Rose Building, Cleveland.
 1908 Steiner, J. S., Bluffton.
 1907 Stephan, Otto, 724 John Street, Portsmouth.
 1884 Stephens, J. A., 1110 Euclid Avenue, Cleveland.
 1907 Stewart, Consuelo Clark, Youngstown.

Admitted

- 1888 Stewart, Thomas M., 605-606 Traction Building, Cincinnati.
1906 Stober, J. P., Lexington.
1908 Strong, Charles H., 2333 Robinwood Street, Toledo.
1908 Sullivan, Claude, 117 Van Buren Street, Dayton.
1908 Summers, Daniel V., 41 East Whitney Avenue, Shelby.
1907 Swan, Charles G., 335 South Main Street, Akron.
1907 Taylor, Allan A., 2140 Broadway, Toledo.
1908 Telford, Henry C., Attica.
1905 Thomas, Chas. B., 2379 E. 79th Street, Cleveland.
1908 Thornburg, R. W., 371 Spitzer Building, Toledo.
1908 Tillotson, Loyal H., 153 South State Street, Painesville.
1885 True, C. C., 2118 E. 55th Street, Cleveland.
1894 Turrill, George E., 308 Euclid Avenue, Cleveland.
1878 Vance, J. W., Madison, Wis.
1907 Van Gorden, Sarah, 549 West 7th Street, Cincinnati.
1908 Varney, J. D., Chesterville.
1908 Waite, G. J., Deerfield.
1908 Walker, W. S., 506½ Adams Street, Toledo.
1908 Wallace, C. R., Struthers.
1872 Walter, Z. D., 107 W. Seventh Street, Pueblo, Colo.
1880 Walton, C. E., 134 W. 7th Street, Cincinnati.
1908 Waltz, Alvan L., 1617 East 85th Street, Cleveland.
1895 Webster, Frank, Dayton.
1905 Webster, Howard H., Reibold Building, Dayton.
1905 Weiss, Frieda J., 10508 Grantwood Avenue, Cleveland.
1898 Welch, C. E., Nelsonville.
1908 Welch, Harry R., 168 East Main Street, Chillicothe.
1899 Welliver, J. E., 136 W. Second Street, Dayton.
1907 Wells, T. M., 3467 Gurnsey Street, Bellaire.
1908 Westbrook, M. H., Olmsted Falls.
1908 Wetzel, Harry S., 908 Reibold Building, Dayton.
1908 Whitaker, H. O., New Burlington.
1908 White, Mary H., 2057 East 107th Street, Cleveland.
1877 Whitehead, J. H., Bowling Green.
1907 Wiggers, E. S., 529 Armory Avenue, Cincinnati.
1892 Wiggers, H. H., 529 Armory Avenue, Cincinnati.
1907 Wilms, J. H., 1568 Elm Street, Cincinnati.
1907 Wilsey, Edward H., Greenfield.
1867 Wilson, J. H., Bellefontaine.
1896 Wine, J. Wilford, 298 Webster Ave., Chicago, Ill.
1907 Wine, Joseph M., 1629 E. 5th Street, Dayton.
1908 Wolcott, R. C., 20 South Cherry Street, Troy.
1907 Wood, G. W., Wilmington.
1894 Wood, James C., 818 Rose Building, Cleveland.
1898 Woods, G. W., Wilmington.
1906 Woolsey, Ida C., 21st Street, Columbus.
1908 Young, James W., Bellefontaine.
1894 Zbinden, Christian, 431 Nebraska Avenue, Toledo.
1907 Zurmuhlen, Charles, 807 Wayne Avenue, Dayton.

MEMBERS RESIDING IN OTHER STATES.

Admitted

- 1887 Baldwin-Bruce, Orpha D., 1032 Florida Avenue, Tampa, Fla.
 1877 Ballard, A. N., Birmingham, Ala.
 1895 Banning, Carina B. C., 181 Clinton Street, Fort Wayne, Ind.
 1895 Banning, Edward, Box 364, Fort Wayne, Ind.
 1888 Brenizer, N. O., Austin, Texas.
 1883 Clark, G. E., Stillwater, Minn.
 Dudley, Mrs. Maurice.
 1892 Fawcett, J. M., Cor. Market and 7th Streets, Wheeling, W. Va.
 1881 Frost, W. A., Tecumseh, Mich.
 1898 Gillard, E. E., Dayton, Mont.
 1887 Hastings, W. C., Suite 28, Downs Block, Seattle, Wash.
 1892 Hatch, H. S., Madison, Ind.
 1890 Hinsdale, W. B., Ann Arbor, Mich.
 1871 Howard, Elmira Y., Palmyra, Mo.
 1897 Hughes, C. W.
 1896 Hunt, J. S., Santa Monica, Cal.
 1869 Johnson, R. B., Riverside, Cal.
 1883 King, John C., Banning, Cal.
 1884 King, Julius, New York City.
 1897 Lenfesty, J. A., 58 N. Walnut Street, Mt. Clemens, Mich.
 1877 Logee, H. M., Linesville, Pa.
 1886 Norris, J. C., Augusta, Ky.
 1900 Painter, Charles D., Box 248 Calgary, Alberta, Canada.
 1888 Porter, Phil.
 1886 Rorich, F. H.
 1877 Salisbury, S. S., Los Angeles, Cal.
 1892 Scheib, J. Phil.
 1892 Schneider, J., 6387 Overbrook Avenue, Philadelphia, Pa.
 1895 Simmons, H. B., Chestertown, Md.
 1896 Smith, Francis A., Rock Island, Ill.
 1878 Vance, J. W., Madison, Wis.
 1871 Van Norman, E. V., 545 South Broadway, Los Angeles, Cal.
 1872 Walter, Z. D., 107 West Seventh Street, Pueblo, Col.
 1896 Wine, J. Wilford, 298 Webster Avenue, Chicago, Ill.

HONORARY MEMBERS.

- 1883 Allen, H. C., 5142 Washington Avenue, Chicago, Ill.
 1864 Beckwith, D. H., 1842 East 65th Street, N. E., Cleveland.
 1877 Claypool, Albert, 2217 Fulton Street, Toledo.
 1898 Dewey, W. A., Ann Arbor, Mich.
 1882 Graybill, J. D., 1317 Napoleon Avenue, New Orleans, La.
 1907 Halbert, Homer V., Marshall Field Annex, 31 Washington Street, Chicago, Ill.
 1889 Monroe, A. L., Miami, Fla.
 1889 Pratt, E. H., 100 State Street, Chicago, Ill.
 1907 Stevens, R. H., 6 Adams Avenue, West, Detroit, Mich.
 1907 Wilcox, DeWitt G., 597 Elmwood Avenue, Buffalo, N. Y.
 1869 Wilson, T. P., 74 Forest Street, Detroit, Mich.

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